START OF SEMESTER DEFENSE EXCEPTION REQUEST

Use this form to indicate you have fulfilled all requirements, including Advisory Committee review of your thesis or dissertation, and are requesting reduced enrollment to defend your thesis or dissertation only. Submit this form to the Graduate School at least three weeks prior to the exam day but no later than the Friday of the third week of classes. If approved, you will be registered by the Graduate School for one credit hour of enrollment. Students may use the Start of Semester Defense Exception only once per degree. International students must consult with an international student advisor regarding how the Start of Semester Defense Exception affects their immigration status.

Last/Family Name		First/Given Name			Mide	Middle Name		
Last 4 digits of VT ID:		Citizenship						
		U.S. Citiz		nent Residen	it Non-	-U.S. Citizen*		
		*If non-U.S	5. citizen, please lis	st vour visa si	tatus:			
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If a later date is requested, pleas	se justify below.							
I have already defended and	am submitting this form to com	plete degree requ	uirements.					
STUDENT Signature Date (MM/DD/YY)								
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COMMITTEE CHAIRPERSON Signature		Printed Name	e e-mail (@vt.edu, pref		du, preferred)		Date (MM/DD/YY)	
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DEPARTMENT HEAD Signature or authorized GRADUATE PROGRAM DIRECTOR		Printed Name	Printed Name e-mail ((du, preferred)		Date (MM/DD/YY)	
DEPARTMENT CONTACT (GRADUATE	STAFF COORDINATOR) Signature		Date (MM/DD/YY)					
GRADUATE SCHOOL Signature			Date (MM/DD/YY)				completed form:	
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VT ICAB1, 3625 Potomac Ave, Alexandria
For assistance, call 540-231-8636 or
e-mail grads@vt.edu