

**PURDUE UNIVERSITY
GRADUATE SCHOOL**

Request for Ph.D. Degree Candidate Research in Absentia
See Policies & Procedures For Administering Graduate Student Programs
(Section V.F.) for more information

Name of Student: _____ PUID No.: _____

Current Address: _____

Absentia Address: _____

Program: _____ Program Code: _____ Session Effective: _____

1. The following items are required to petition for the absentia privilege. Have you:

| | | |
|--|-----|----|
| a. satisfactorily completed all of the coursework on your plan of study? | Yes | No |
| b. passed your preliminary examinations? | Yes | No |
| c. made significant progress on your dissertation research topic? | Yes | No |

2. Give the specific title of your research project or investigative area, and describe briefly the status of your research project and the nature of the work to be done in absentia.

3. Give the name and the location of the institution or organization at which you will be located, the name of any local supervisor, and list any facilities you will be using.

4. What Purdue facilities will you be using, and how will adequate supervision be maintained by your major professor?

5. What financial support, if any, do you expect to receive from Purdue? _____

6. What is the expected date of completion of your dissertation? _____

7. What is the number of credits for which you expect to register each semester? _____*

*If requesting more than three credits, justification is required. (See *Policies & Procedures For Administering Graduate Student Programs* (Section V.F.4.c.)

If this request is approved, I agree to register every consecutive fall and spring session (including summer sessions in which I am engaged in degree work or plan to graduate) until the degree has been awarded, my program is terminated, or I withdraw from the University. I understand that if I return to campus and/or the absentia privilege is rescinded, I will not be eligible to register in absentia in a later session. I understand that I should check the time-to-degree limits of my department and that if my degree program exceeds this limitation, the department may block continuing registrations. I also agree to notify the bursar of any change in my absentia address. I understand and agree to the conditions set forth for the privilege of registering for research in absentia.

Signature of Student

Date

Approval
Recommended _____
Major Professor

Date

Graduate Faculty Identifier _____

Approval
Recommended _____
Head of the Graduate Program

Date

Graduate School Dean

Submit original to the Graduate School at least one month before the beginning of the session in which absentia registration is desired.