

Request for Exception to Residency Requirements

Name _____ ID# _____ BOX # _____

Address _____

Degree Program: Th.M. Ph.D.

Semester for which request is made: Fall _____ Spring _____

How many semesters have you been in the program? _____

What are your degree responsibilities this semester? _____

How many hours each week did you spend in degree study last semester? _____

Why are you seeking this exception?

New contact information (address, phone, email): _____

How many hours each week will you be able to study on campus this semester? _____

How many additional hours will you be able to study in some other location? _____

Give the name and location of research libraries (other than the Boyce Library) that would be available to you and which you would use if exempted from residency requirements.

When do you hope to graduate? _____

Do you consider that you are now on schedule?

YES

NO

If not, how do you expect to return to schedule?

Student Signature

Action of Supervisor

Request approved

Request denied

Supervisor

Action of Associate Vice President

Request approved

Request denied

Associate Vice President for Doctoral Studies