

PURDUE UNIVERSITY
GRADUATE SCHOOL
Request for Ph.D. Degree Candidate Research in Absentia
(See registration procedures on reverse side.)

Name of Student _____ PUID No. _____

Current Address _____

Absentia Address _____

Department _____ Department 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 you major professor?

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

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

*If requesting more than three credits justification is required. (See below.)

If this request is approved, I agree to register every consecutive session (excluding summer) until the degree has been awarded, my program is terminated, or I withdraw from the University. 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 _____

Current Designator Code _____ Graduate Faculty Identifier _____

Approval
Recommended _____
Head of the Graduate Program _____ Date _____

Graduate School Dean

Submit original to the Graduate School not less than one month preceding the session in which absentia registration is desired.