## 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. International students must consult with an international student advisor to discuss how the Start of Semester Defense Exception affects their immigration status.

Last/Family Name		First/Given Name			Mid	Middle Name		
Last 4 digits of VT ID:		Citizenship	1					
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		*If non-U.S	S. citizen, please lis	st vour visa s	tatus:			
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I have already defended and	d am submitting this form to comp	olete degree req	uirements.					
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STUDENT Signature Date (MM/DD/YY)								
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COMMITTEE CHAIRPERSON Signature		Printed Name	me e-mail (@vt.edu, pref		edu, preferred)		Date (MM/DD/YY)	
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DEPARTMENT HEAD Signature or authorized GRADUATE PROGRAM DIRECTOR		Printed Name	Printed Name e-mail (@vt.e		eau, preferrea)		Date (MM/DD/YY)	
DEPARTMENT CONTACT (GRADUA	TE STAFF COORDINATOR) Signature		Date (MM/DD/YY)					
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GRADUATE SCHOOL Signature			Date (MM/DD/YY)				completed form:	
						https:/	/gs.vt.edu/forms	

https://gs.vt.edu/forms 120 Graduate Life Center, Blacksburg NVC 7054 Haycock Road, Falls Church For assistance, call 540-231-8636 or e-mail grads@vt.edu