

**Office of the Dean for Graduate Education**  
**Request to register for thesis research in absentia status**

1. NAME \_\_\_\_\_  
(last/family) (first/given) (middle initial)

2. ID # \_\_\_\_\_

3. Mailing address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Department \_\_\_\_\_

5. Home telephone \_\_\_\_\_ 5a. E-mail \_\_\_\_\_

6. (for doctoral students) I passed my doctoral qualifying examinations on \_\_\_\_\_.

7. My thesis proposal was approved by my thesis committee and the appropriate departmental committee on \_\_\_\_\_.

8. Working title for thesis:  
\_\_\_\_\_.

9. I am requesting thesis in absentia for the term(s) \_\_\_\_\_.

10. I intend to return to resident status in the term \_\_\_\_\_.

11. Reasons for requesting thesis research in absentia:

12. Expected degree date: \_\_\_\_\_

**Approval signatures**

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Thesis supervisor \_\_\_\_\_ Date \_\_\_\_\_

Department graduate officer \_\_\_\_\_ Date \_\_\_\_\_

Office of the Dean for Graduate Education \_\_\_\_\_

Date \_\_\_\_\_