Virginia Tech
Graduate School

REQUEST FOR DEFENDING STUDENT STATUS

This form is used to indicate that a student has fulfilled all requirements, including Advisory Committee review of the thesis or dissertation, and is registering only to defend his/her thesis or dissertation within the allotted time posted at *www.grads.vt.edu (Academics/Dates and Deadlines/Commencement Deadlines)*. This form must be submitted to the Graduate School *two weeks prior to the exam day* along with the Request to Admit Candidate to Final Examination form. The student must also submit the Application for Degree via Hokie Spa. If approved, the student will be registered for one credit hour. This charge is non-refundable.

PERSONAL INFO

LAST/FAMILY NAME _____ FIRST/GIVEN NAME _____ MIDDLE NAME _____ SUFFIX _____

Student ID Number: _____

Date of Birth: _____
month/day/year

E-mail Address: _____
@vt.edu account, preferred

Daytime Phone: _____
☐ Home ☐ Office ☐ Mobile

Local Address

_____

_____

_____

_____
city state zip country

Citizenship
☐ U.S. CITIZEN ☐ PERMANENT RESIDENT ☐ NON-RESIDENT ALIEN*
**If non-resident alien, please list your visa status:* _____

Current Program

_____

Degree Level
☐ DOCTORAL
☐ EDUCATION SPECIALIST
☐ MASTERS

First Term of Enrollment
☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II _____ year

Anticipated Completion Term
☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II _____ year

Campus
☐ BLACKSBURG ☐ HAMPTON ROADS ☐ NATIONAL CAPITAL REGION ☐ RICHMOND
☐ ROANOKE ☐ SOUTHWEST VIRGINIA ☐ VIRTUAL

REQUIRED INFO

Date and Time of Defense: _____
DATE TIME

If a later date is requested, please justify below.

_____

Location of Defense

☐ BLACKSBURG ☐ HAMPTON ROADS ☐ NATIONAL CAPITAL REGION ☐ RICHMOND ☐ ROANOKE ☐ SOUTHWEST VIRGINIA

Location on Campus: _____
BUILDING ROOM NUMBER

☐ **I have already defended and am submitting this form to complete degree requirements.**

_____
STUDENT SIGNATURE date

SIGNATURES

Required Signatures

COMMITTEE CHAIRPERSON signature printed name e-mail (*@vt.edu*, preferred) date

DEPARTMENT HEAD signature or authorized GRADUATE PROGRAM DIRECTOR printed name e-mail (*@vt.edu*, preferred) date

DEPARTMENT CONTACT (GRADUATE STAFF COORDINATOR) signature date

INTERNATIONAL GRADUATE STUDENT SERVICES signature date

GRADUATE SCHOOL signature date

Return your completed form to:
Graduate School
Graduate Life Center at Donaldson Brown
Virginia Tech (0325) • Blacksburg, VA 24061
Fax: 540/231-2039

Questions? Call 540/231-8636 or e-mail *gradappl@vt.edu* for assistance.