

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. This form must be submitted 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**. The student must also submit the Application for Degree via Hokie Spa. If approved, the student will be registered by the Graduate School for one credit hour. This charge is non-refundable.

International students should refer to <http://www.graduateschool.vt.edu/igss/academic> for more information regarding Start of Semester Defense Exception and immigration requirements.

PERSONAL INFO

LAST/FAMILY NAME	FIRST/GIVEN	MIDDLE NAME	SUFFIX
Last 4 Digits of Student ID Number: _____	Citizenship <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> NON-U.S. CITIZEN*		
Date of Birth: _____ month/day/year	*If non-U.S. citizen, please list your visa status: _____		
E-mail Address: _____ @vt.edu account, preferred	Current Program	Degree Level	
Daytime Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Mobile	First Term of Enrollment <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I <input type="checkbox"/> SUMMER II    _____ year	<input type="checkbox"/> DOCTORAL <input type="checkbox"/> EDUCATION SPECIALIST <input type="checkbox"/> MASTERS	
Local Address _____	Anticipated Completion Term <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I <input type="checkbox"/> SUMMER II    _____ year		
_____	Campus <input type="checkbox"/> BLACKSBURG <input type="checkbox"/> HAMPTON ROADS <input type="checkbox"/> NATIONAL CAPITAL REGION <input type="checkbox"/> RICHMOND <input type="checkbox"/> ROANOKE <input type="checkbox"/> SOUTHWEST VIRGINIA <input type="checkbox"/> VIRTUAL		
_____			
city                                  state          zip          country			

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

**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 [grads@vt.edu](mailto:grads@vt.edu) for assistance.

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