

**DEPARTMENT OF SPANISH AND PORTUGUESE
REQUEST TO DO DISSERTATION WORK IN ABSENTIA**

Rev. 4/23/12

1. Student Name: _____
Please print

2. Semester(s) of Absentia: _____

3. Reason for Request: _____

4. Director's Comments: _____

Student Signature: _____ **Date** _____

Name of Dissertation Director: _____

Signature: _____ **Date** _____

Name of Second Reader: _____

Signature: _____ **Date** _____

Name of Third Reader: _____

Signature: _____ **Date** _____

Signature: _____ **Date** _____

Director of Graduate Studies		
<input type="checkbox"/>	APPROVED	<input type="checkbox"/> DENIED Date: _____

Signature:

Department Head		
<input type="checkbox"/>	APPROVED	<input type="checkbox"/> DENIED Date: _____