# REQUEST FOR SUMMER DEFENSE DUE TO COVID-19 IMPACT

**NOTE:** This form is designed to be used in the event where a student was scheduled to complete their degree prior to the no-registration deadline, but where the direct impact of the COVID-19 pandemic delayed that. This form is to be filled out by the DGP based on their assessment of the elements that surrounded a delay; there is no need for a student signature. This is not intended to be used for those students where other, more typical issues associated with students completion impacted the non-completion.

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| **To:** The Graduate School |
| **From:** |       |
|  | DGP’s name |

***Student Information:***

Student Name: ID #:

 Level: ☐ Thesis Master’s ☐ Doctoral (e.g., PhD, EdD)

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| --- | --- |
| Term/Year (permit will be valid only during term and year specified):  |   |
| Other than a final exam has the student completed all other degree requirements? [ ]  Yes [ ]  No  |
| Was an initial defense scheduled? [ ]  Yes [ ]  No If yes, please fill out the information below Initial date: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_When is the likely date for the new defense? Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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Justification: Which of the following issues played a role in the delay; check all that are applicable:

☐ The student/committee chair had COVID-19

☐ The lack of lab access

☐ Issues related to child-/eldercare

☐ Disruption related to the move to on-line instruction (for TAs only)

☐ Other (please explain in the “Additional details” section below)

Addition details to provide context:

***DGP Signature/Date:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Graduate School Approval/Date:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4/6/2020