

Carnegie Mellon University

College of Engineering

REQUEST FOR ABD IN RESIDENCE 5-UNIT STATUS

Student Name _____

Department _____

Andrew Email Address _____

Date _____

RE: Request for approval to register for 5 unites in ABD in Residence status

Currently I am enrolled full-time as a Ph.D student in _____ . I entered the Ph.D. program in _____ beginning in _____ and have thus completed at least three years of Ph.D. in full-time student status. Professor _____ is my thesis advisor. Having passed the Ph.D. Proposal in _____ and having completed all other Ph.D. requirements except the defense and final thesis, I expect to defend my thesis for the end of _____.

I will not receive any financial support from the university or the department starting _____ and will be a self-supporting student. Because it would create a financial hardship for me to continue registering full-time, I am requesting approval to register for 5 units in ABD In Residence status for the next _____ semester(s) during which I plan to defend and submit my final thesis.

Thank you very much for your consideration.

Respectfully,

APPROVED BY:

Student Name/Signature Date

Department Head Signature Date

Advisor Name/Signature Date

Associate Dean Signature Date

*** NOTE:** Registering for 5 unites in ABD is Residence may be petitioned for up to 2 consecutive semesters **ONLY**, including summers. Please attach a copy of the ABD status agreement form.