APPLICATION FOR GRADUATE WORK IN ABSENTIA*

Name ____________________________________________________________

Student No.: __________________________ Degree Sought: ___________________

Major: __________________________ Minor/Cognate(s) ___________________

1. Thesis/Dissertation Title:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

2. Justification of off-campus graduate work:

_________________________________________________________________

_________________________________________________________________

3. a. Cooperating research or educational institution:

_________________________________________________________________

b. Source of funding for off-campus graduate work:

_________________________________________________________________

4. Arrangement(s) for supervision of off-campus graduate work:

☐ a. Periodic visit of major adviser.
   If yes, specify how often __________________________

☐ b. Appointment of a qualified staff from the cooperating institute as supervisor.
   If yes, specify the name, highest degree obtained and institution where obtained.

_________________________________________________________________

His/Her field of expertise/specialization: __________________________

☐ c. Others (please specify): __________________________

* The following should be attached to the application:
2. Memorandum of understanding between UPLB and cooperating institution.
3. For item (4b), letter of adviser to the department chair/institute director requesting a qualified staff from the cooperating institution to supervise the student.
As specified in the rules, I shall be registered at UPLB during the semester and/or summer that I am conducting my graduate work in absentia. Furthermore, I shall submit to my Adviser and Department Chair at least two progress reports each semester and one progress report each summer of graduate work in absentia. Lastly, I shall abide by all other rules and regulations of the UPLB Graduate School.

(Signature of Student)

RECOMMENDING APPROVAL:

Guidance/Advisory Committee

__________________________
Chair

__________________________
Date

__________________________
Member

__________________________
Date

__________________________
Member

__________________________
Date

__________________________
Member

__________________________
Date

__________________________
Department Chair

__________________________
Date

ENDORSED:

__________________________
College Secretary

__________________________
Dean

Note: Graduate Work in Absentia with University support should be approved by the Chancellor.