

This form is used to **change** an All But Dissertation status between *In Residence* and *In Absentia*. In most cases, All but Dissertation *In Absentia* status is not permissible for international students. International students are required to consult their home department and the Office of International Education to see if they qualify for All But Dissertation *In Absentia* status. Reference the university policy on doctoral student status: [www.cmu.edu/policies/student-and-student-life/doctoral-student-status.html](http://www.cmu.edu/policies/student-and-student-life/doctoral-student-status.html). **This form should be submitted by the semester Add deadline.**

**Important final semester information:** Students who are *In Residence* status and defending their thesis must remain *In Residence* and may not change to *In Absentia* status during their final semester. This form is not required.

### All But Dissertation Status Change

#### STUDENT INFORMATION

Student Andrew ID: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last/Family First and/or Preferred MI

Home College: \_\_\_\_\_ Department: \_\_\_\_\_

Campus Location: Pittsburgh Portugal Silicon Valley Thailand  
(please select one)

Effective Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Are you defending your thesis for the effective semester?

No, I am not defending my thesis; please change my status to: In Residence In Absentia

Yes, I am defending my thesis. My current status is *In Absentia*;  
please change my status to: In Residence In Absentia (limited time, on-campus defense) In Absentia (offsite defense)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yyyy

#### DEPARTMENT AUTHORIZATION

First Semester Admitted Into Doctoral Program: \_\_\_\_\_

Doctoral Student Status Will Lapse:\* \_\_\_\_\_  
Semester Year

\_\_\_\_\_ Semester Year

**As the primary thesis advisor, I have reviewed this All But Dissertation Status change request. This status change request is:**

Approved Denied for the following reason: \_\_\_\_\_

Primary Thesis Advisor Authorization: \_\_\_\_\_ Date: \_\_\_\_\_  
Print/Type Name Signature mm/dd/yyyy

Department Head Authorization: \_\_\_\_\_ Date: \_\_\_\_\_  
Print/Type Name Signature mm/dd/yyyy

#### UNIVERSITY REGISTRAR'S OFFICE USE ONLY

Semester: \_\_\_\_\_ Program changed from: \_\_\_\_\_ To: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

##### ENTITY CHANGE (if applicable)

Semester: \_\_\_\_\_ Previous Entity: \_\_\_\_\_ New Entity: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Semester: \_\_\_\_\_ Previous Entity: \_\_\_\_\_ New Entity: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

##### STUDENTS ACCOUNT OFFICE USE ONLY (if applicable)

Director of Student Accounts Signature: \_\_\_\_\_ Date: \_\_\_\_\_