



University of New Hampshire

Graduate School, Thompson Hall, 105 Main Street, Durham, NH 03824-3547

PETITION FOR EXCEPTION TO ACADEMIC POLICY

Student's Name: Bradley Yale Student ID: 931125152

Degree: Doctor of Philosophy Program: Physics

Address: 524 Coral Key Pl. Apt. 3C Newport News VA 23606
Street City State Zip Code

Email Address: btu29@wildcats.unh.edu Phone Number: (901) 634-3904
(Include Area Code)

I request permission to:	<u>Waive UNH Grad Mandatory Fees</u>	If applicable
		Course with section: _____ Semester: _____ # of credits: _____
Reasons for this request: (attach additional page if necessary)	I am conducting PhD research in Virginia (>50 miles from campus), have been a resident solely in that state for over a year, and have been a PhD candidate since then as well. I have no required classes other than PHYS 999, and therefore not physically present on the UNH campus at any time of the year to participate in any UNH event, or use any UNH resources covered by the fee. I am therefore being billed for services that are not feasible for me to use.	
	<u>Bradley Yale</u>	<u>09/19/2016</u>
	Student Signature	Date
	By signing this form I acknowledge that I must obtain all of the required signatures before submitting the form to the Graduate School for consideration.	

Do Not Write Below Line

Please obtain the signatures of COURSE INSTRUCTOR, ADVISER, and GRADUATE PROGRAM COORDINATOR according to the nature of the petition. Petitions must then be returned to the Graduate School for consideration by the Graduate School.

PLEASE NOTE: Positive recommendations from your department do not guarantee approval by the Graduate School.

	Recommend <input type="checkbox"/> Approve <input type="checkbox"/> Deny	Date: _____
Graduate Course Instructor's Signature Comments: _____ <u></u>	Recommend <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Deny	Date: <u>9/19/2016</u>
Graduate Adviser's Signature Comments: _____ <u></u>	Recommend <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Deny	Date: <u>9/20/16</u>
Graduate Program Coordinator's Signature (Required) Comments: _____		

After obtaining the necessary signatures above please return this form to the Graduate School for final review by the Graduate Dean

	Action: <input type="checkbox"/> Approve <input type="checkbox"/> Deny	
Graduate School Signature		Date
	Print Form	____ Student ____ Dept ____ Registrar