PETITION FOR EXCEPTION TO ACADEMIC POLICY

Email Address: btu29@wildcats.unh.edu	Student's Name:	Bradley Yale			Student ID: 931125152		
Street Clity State Zip C	Degree: Doctor of P	hilosophy	Program: Physics				
Email Address: btu29@wildcats.unh.edu Phone Number: (nelude Area Code) (901) 634-3904	Address: 524 Cora	l Key Pl. Apt. 3C	N	lewport News		VA	23606
request permission to: Maive UNH Grad Mandatory Fees		Street		City		State	Zip Code
Lam conducting PhD research in Virginia (>50 miles from campus), have been a resident solely in the state for over a year, and have been a PhD candidate since then as well. I have no required classes, than PHX's 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 been a PhD candidate since then as well. I have no required classes, than PHX's 999, and therefore not physically present on the UNH's 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 been services that are not feasible for me to use. Bradley Yale	Email Address: btu29	@wildcats.unh.edu				(901) 634-39	04
easons for this request: (attach additional page if necessary) page if necessary) I am conducting PhD research in Virginia (>50 miles from campus), have been a resident solely in the state for over a year, and have been a PhD candidate since then as well. I have no required classes of 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 b for services that are not feasible for me to use. Bradley Yale						If application	able
lam conducting PhD research in Virginia (>50 miles from campus), have been a resident solely in tistate for over a year, and have been a PhD candidate since then as well. I have no required classes of 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 been for services that are not feasible for me to use. Bradley Yale	I request permission to:	Waive UNH Grad Mandatory Fees			Course with section:		
State for over a year, and have been a PhD candidate since then as well. I have no required classes of 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 b for services that are not feasible for me to use. Bradley Yale					Semester	:: # c	of credits:
Student Signature Date	(attach additional	state for over a year than PHYS 999, and participate in any U	, and have been a PhD ca therefore not physically p NH event, or use any UNH	ndidate since ther present on the UN resources covere	n as well. I h H campus a	nave no require at any time of t	d classes othe he year to
By signing this form I acknowledge that I must obtain all of the required signature before submitting the form to the Graduate School for consideration. Do Not Write Below Line			Bradley Yale			0	9/19/2016
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 Approve Deny Pate: Please obtain the signatures of COURSE INSTRUCTOR, ADVISER, and GRADUATE PROGRAM COORDINATOR according to the nature of the petitions must then be returned to the Graduate School. Please obtain the signature of COURSE INSTRUCTOR, ADVISER, and GRADUATE PROGRAM COORDINATOR according to the nature of the petition. Petitions must then be returned to the Graduate School. Please obtain the signature of COURSE INSTRUCTOR, ADVISER, and GRADUATE PROGRAM COORDINATOR according to the nature of the petition. Petitions must then be returned to the Graduate School. Please obtain the signature of COURSE INSTRUCTOR, ADVISER, and GRADUATE PROGRAM COORDINATOR according to the nature of the petition. Petitions must then be returned to the Graduate School. Please obtain the signature of COURSE INSTRUCTOR, ADVISER, and GRADUATE PROGRAM COORDINATOR according to the nature of the petition. Petitions must then be returned to the Graduate School. Please obtain the signature of COURSE INSTRUCTOR, ADVISER, and GRADUATE PROGRAM COORDINATOR according to the nature of the petition. Petitions must then be returned to the Graduate School. Please obtain the signature of COURSE INSTRUCTOR, ADVISER, and GRADUATE PROGRAM COORDINATOR according to the nature of the petition. Petitions must then be returned to the Graduate School. Please obtain the Signature of Course Instructor's Signature of Course Instructo				Student Signat	ture		Date
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 Approve Deny Graduate Course Instructor's Signature Comments: Recommend Approve Deny Date: 9/19/ Graduate Adviser's Signature Comments: Recommend Approve Deny Date: 9/19/ Graduate Program Coordinator's Signature (Required)							
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 Approve Deny Date: Graduate Course Instructor's Signature Comments: Recommend Approve Deny Date: 9/19/ Graduate Adviser's Signature Comments: Recommend Approve Deny Date: 1/2					to the Gradua	te Selloof for collsiv	iciation.
Graduate Course Instructor's Signature Comments: Recommend Approve Deny Date: Date:	petition. Petitions must then	n be returned to the Gradu	OR, ADVISER, and GRADUA	TE PROGRAM COCy the Graduate School	l .	according to the	nature of the
Graduate Course Instructor's Signature Comments: Recommend Approve Deny						ъ.	
Comments: Recommend Approve Deny Date: 9/19/ Graduate Adviser's Signature Recommend Approve Deny Date: 7/2	Graduate Course In	structor's Signatur	<u>е</u>	☐ Approve	□ Deny	Date:	
Recommend Approve Deny Comments Comments Craduate Program Coordinator's Signature (Required) Recommend Approve Deny Date: 9/19/	_						
Graduate Adviser's Signature Comments: Recommend Approve Deny Date: 7/2		bur		} —∕	_	Date:	9/19/20
Recommend Approve Deny Date: 7/2		Signature				-	*)/ -
Comments	I MA	Coordinator's Signa	ature (Required)			Date:	7/20/
Comments:	Comments:			_			
After obtaining the necessary signatures above please return this form to the Graduate School for final review by the Graduate Dean	After obtain	ing the necessary signatures	s above please return this form to	the Graduate School fo	or final review	by the Graduate D	ean
	Graduate School S		A	ction: App	rove	Deny _	Date

Print Form

___Student ___ Dept ___Registrar