

For RA Requests:

Name of Host or Collaborator for remote RA work: _____

Briefly describe research being done remotely

Mentoring statement

*A signed copy of the mentoring plan, developed by the faculty advisor(s) with input from the student, is one file in the graduate program office. See the Fox Graduate School **Mentoring Template** for Remote GAs for required elements of the plan.*

Yes

Academic Unit Certification:

By signing this document, I acknowledge that I have reviewed the exception request and mentoring plan provided for this remote request and approve it on behalf of my area.

_____	_____	_____
Name of Advisor (printed)	Advisers's Signature	Date

_____	_____	_____
Name of Graduate Program Chair (printed)	Graduate Program Chair's Signature	Date

_____	_____	_____
Name of Associate Dean (printed)	Associate Dean's Signature	Date

Note to the graduate program:

Please submit this form with all signatures after any program- or college-specific process has been completed.