The Graduate College | University of Illinois at Urbana-Champaign

"In absentia" Registration Request Form

FOR GRADUATE STUDENTS ONLY

Name (Printed): _____

UIN: _____ Department: _____

Email: _____ Phone: _____

TERM (s) Requested: ☐ Fall 2016 ☐ Spring 2017 ☐ Summer 2017

"In absentia" registration is designed for students who wish or need to remain registered, but plan to be studying or doing research for at least one semester at least 50 miles away from campus. **In absentia registration is not appropriate for students registered in courses that meet on campus.** Please see the Graduate College Handbook for more details.

- I understand by registering "in absentia" that I will be assessed the corresponding range of tuition for the number of hours which I am registered. There is no decrease in tuition rates when a student is registered in absentia, and tuition assessment will be based on the student's college and curriculum of enrollment, their residency status, and the number of hours for which the student is registered.
- I will be assessed the General Fee which will allow me access to university email and library services.
- I understand that by registering "in absentia" that I will **not** have student health insurance or access to any of the fee supported services on campus.
- I understand that I must register myself through Student Self-Service for the courses I wish to enroll during the term(s) I request to register "in absentia." Students may register "in absentia" for any number of credit hours.
- "In absentia" registration is available for current and future terms only.
- Because student's circumstances may change, permission for "in absentia" registration is granted for a maximum of one academic year at a time.

I will be studying or doing research at least 50 miles away from campus. Please provide address where you will be studying away from campus: _____

I have read and understand the Graduate College Handbook policy and all statements above in regard to Registration "in absentia." I request to register "in absentia" for the term(s) indicated above.

Student's Signature: _____Date: _____

REQUIRED DEPARTMENTAL AUTHORIZATION

Student's Adviser Printed Name: _____

Signature: _____ **Date:**_____

Authorized Departmental Signatory Printed Name: _____

Signature: _____ **Date:** _____

GRADUATE COLLEGE:

Decision/Signature/date: _____

"In absentia" attribute added to student's record: [ ] yes [ ] no **Decision emailed to student (date/initials):** _____