

University of California, Merced

Request for In Absentia Registration

Students may apply for in absentia status for up to one academic year if the following criteria are met: the work away from the UC campus is directly related to the student's degree program as evidenced by UC faculty approval; the research or coursework is of a nature that makes it necessary to be completed outside of California for at least one full academic term; the work involves only indirect supervision (e.g. correspondence via email or review of written work) from UC faculty during the *in absentia* period; the work involves no significant studying or in-person collaboration with UC faculty during the *in absentia* period. Doctoral students who want to register *in absentia* for a second academic year must reapply. University insurance benefits are the same for *in absentia* students as they are for regularly enrolled students, however a reduced fee level, the mandatory student health insurance fee, specified campus-based fees, non-resident tuition (if applicable), and professional school fees (if applicable) are charged to all students registered *in absentia*.

A completed In Absentia Registration form must be submitted to the Graduate Division by the second Friday in August for the fall semester and by the second Friday in January for the spring semester. Please contact the Graduate Division with any questions: (209) 228-4723 or graddiv@ucmerced.edu

Last Name	First Name	Middle	Student ID Number
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Current Mailing Address: _____

Current Phone Number: _____ Current Email Address: _____

Major: _____ Degree Objective: PhD MS MA

Doctoral students - Will you have advanced to candidacy by start date of in absentia? Yes No

Master's/professional students - Will you have finished a year of study by start date of in absentia? Yes No

Have you ever registered in absentia before? Yes No If yes, when? _____

In absentia requested for the following term(s): Fall 20____ Spring 20____

Location during absence (please identify state/country): _____

Address during absence: _____

Emergency contact information: _____
Name Phone Number

I will be supported by: My own funds UC Fellowship GSR Other source: _____
(Note: Work as TA is not permitted)

Briefly state research/coursework plans, including facilities and resources used:

By signing below I certify that I am eligible and will be outside of the state of California for the semester(s) of *in absentia* registration.

Student's Signature Date

Faculty Advisor (Print Name) Faculty Advisor Signature Date Approve Deny

Graduate Group Chair (Print Name) Graduate Group Chair Signature Date Approve Deny

Graduate Division	
_____ Graduate Division Dean Signature	_____ Date <input type="checkbox"/> Approve <input type="checkbox"/> Deny

Registrar Use Only	
Processed by: _____	Date: _____