

IN ABSENTIA STATUS REQUEST FORM

This form is to be completed by the graduate student requesting in absentia status. Review the [Study In Absentia Policy](#) for further information.

UR ID Number_____
Student Last Name_____
Student First Name_____
Department/Program Adv. Cert. Master's PhD
Degree Program

In Absentia status must be approved prior to the start of the requested term. Approval can be made for a period of up to one academic year.

Term(s): Fall _____ and/or Spring _____

Institution/Research Organization/Location* during study in absentia:

*It is the student's responsibility to update their current address in UR Student.

Reason for study in absentia:

 I acknowledge that I will not be employed in a full-time capacity. _____
Student Initials**Notice to Student:**

If approved for in absentia study, I understand the following:

- I will be assessed the corresponding tuition/fee for my registration.
- My student health insurance eligibility will not continue unless I contact University Health Services directly.
- I must submit an add/drop registration form for each semester that I study in absentia as I cannot register myself for in absentia status through online registration.
- I will be working with full time and effort on my graduate program and will not be employed in a full-time capacity. (Students holding full-time positions should register for 895/995 continuing enrollment.)

Student Signature_____
Date_____
Advisor Name (Printed)_____
Advisor Signature_____
Date

Submission: This form should be submitted to your [graduate program coordinator](#) who will forward this form onto the GEPA Office for review and processing. You and your program coordinator will receive email confirmation when approved.

GEPA Office Approval _____

Date _____