



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 gradservices@ucmerced.edu

Last Name First Name Middle Student ID Number

Current Mailing Address: _____

Current Phone Number: _____ Current Email Address: _____

Major: _____ Degree Objective: ☐ PhD ☐ MS ☐ MA ☐ MM ☐ M.S.P.H

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

☐ Approve ☐ Deny

Registrar Use Only

Processed by: _____

Date: _____