

IN ABSENTIA REGISTRATION

FOR GRADUATE STUDENTS ONLY

In absentia registration is for students studying or doing research away from campus. Please see the <u>Graduate</u> <u>College</u> <u>Handbook</u> for more details.

Submit completed form online at go.grad.illinois.edu/Form-Drop-Off

TERM: \square FALL \square SPRING \square SUMMER	YEAR: UIN: _	
NAME:	First	MI
E-mail:	DEPT:	
Address where you will be studying away from	m campus:	
Note: Students may only request in absentia reg	gistration for the current term.	······································
f approved for in absentia registration, I understar	nd the following:	
☐ I will be assessed the corresponding range tuition rates when a student is registered curriculum of enrollment, their residency s	in absentia, and tuition assessment w	rill be based on the student's college and
☐ I will be assessed the General Fee which will allow me access to university email and library services.		
☐ I will <u>not</u> have student health insurance or	access to any of the fee supported serv	vices on campus.
☐ I must register myself through Student Sel	f-Service for the term prior to submitti	ng this form.
☐ In absentia registration is not permitted for	r students registered in courses meeting	g on campus.
☐ The location at which I will be studying/co	onducting research must be at least 50	miles away from campus.
☐ This completed form must be submitted to	the Graduate College by the 10th day	of classes for the term.
Student's Signature:		Date:
REQUIRED DEPARTMENTAL AUTHORIZATI	ION	
Adviser Printed Name:		
Signature:		Date:
Authorized Departmental Signatory Printed Na	ame:	
Signature.		Dota