



Yale University
Graduate School of Arts and Sciences
Request to Register in Absentia

Deliver Completed Forms to HGS 134

R E G I S T R A R

D E A N

Name: _____

SID: _____

Department(s): _____

E-mail: _____

To be completed by the Graduate Student (please save before printing):

Ph.D. students whose program of study requires full-time dissertation research, full-time field work, or full-time study at another academic institution outside the New Haven area may request to be registered in absentia. Forms for requesting registration should be filed with your assistant dean at least one month before the beginning of the term during which the student expects to be studying away from New Haven. A student who has not completed the three-year residence requirement will be permitted to register in absentia for compelling academic reasons only, and normally only if the student has completed all other pre-dissertation requirements.

Terms of proposed registration *in absentia*: Fall _____ (year) Spring _____ (year)

Purpose of proposed period of registration *in absentia*:

Contact information during the proposed period of registration *in absentia*:

_____ (street address) _____ (city) _____ (state & country)

_____ (phone, including international dialing codes) _____ (cell)

Effective dates for this information: _____ to _____

I have registered my emergency contact information and travel location through the Office of the University Secretary at <https://transact.med.yale.edu/world/travelform/>.

Source of Funding:

Fall <small>(September 1 – January 15)</small>	Spring <small>(January 16 – May 31)</small>	Summer <small>(June 1 – August 31)</small>
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University Fellowship:

University Dissertation Fellowship:

Other Award (specify): _____

Request Deferral of Teaching Fellowship: Fall _____ (year) Spring _____ (year)

Signature: _____

Date: _____

Director of Graduate Studies Certification

I affirm that this student has an appropriate agenda for dissertation research and writing during proposed period of registration *in absentia*.

Signature: _____

Date: _____

Signature: _____

Date: _____

DGS of Combined Program (if applicable)