Clear Form

PRINCETON UNIVERSITY
The Graduate School

ABSENTIA

IN ABSENTIA RECOMMENDATION FORM

This form when completed by the student and approved by the Advisor and Director of Graduate Studies should be returned to your Graduate Assistant who will send this document to the Graduate School (111 Clio Hall) for review and approval.

AY 20_____ - 20_____

Students may be recommended for *in absentia* status for either a term or a year if the following criteria are met: a need to use educational resources that cannot be obtained in Princeton; the work away from Princeton will contribute to the student's progress to the degree; student will not physically live in Princeton or the immediate vicinity, i.e., will not be in residence. University insurance benefits are the same for *in absentia* students as they are for regularly enrolled students in residence; however, a marginal cost tuition plus the mandatory student healthh plan fee are charged of all students in absentia. (In 2009-10, this combined tuition-plus-fee is $3,950.) Self-paid students will be required to pay the combined tuition and health fee (in proportion to their percentage of self-support). External agencies which allow the payment of the tuition and health fee on behalf of the student will be billed (please note below).

The Department recommends that the following student be granted *in absentia* status for the program of study described below.

_____ _____ _____
Last Name, First Name M I. Department Year of Study

General Examination Satisfied: ☐ Yes ☐ No

Estimated Dates of Absence: From: _____ To: _____

Location During Absence: _____

Address During Absence:

Thesis Topic or Working Title

Briefly state your study plans, including facilities and resources to be used:

FINANCIAL SUPPORT:

☐ I wish to continue on my current Princeton support: Princeton stipend _____
(amount)

☐ I expect to hold the following non-Princeton support *in absentia*:

_____
(Award name and amount)

If the source of support changes, please call or write Dean Mawhinney's office as soon as possible.

_____ _____
Student's signature Date

_____ _____ _____ _____
Thesis Advisor's Signature Date Director of Graduate Studies Date

Revised 4/2009

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