

**In Absentia Registration Petition  
UCSB Graduate Division**

Name: \_\_\_\_\_ Perm: \_\_\_\_\_ UCSB Email: \_\_\_\_\_

Major: \_\_\_\_\_ Degree Objective: \_\_\_\_\_

In Absentia registration requested for the following quarter(s):    Fall:                  Winter:                  Spring:  
(Please type year next to corresponding quarter)

Previous quarters of In Absentia registration:

Note: for requests of In Absentia registration beyond 3 quarters, your research advisor/committee chair must attach a letter of support

I acknowledge that I will not be allowed to hold an ASE position (TA, Reader, Tutor, Associate) during quarter(s) of In Absentia registration

Location (state or country):

\*If travelling to China, Cuba, Iran, North Korea, Russia, Syria, Ukraine, or Venezuela, approval from the Export Control Officer must be obtained

If in California, identify the city and county\*:

\*The following counties are NOT eligible for In Absentia registration: Santa Barbara, San Luis Obispo, and Ventura

State your research/coursework plans as they relate to your location during In Absentia:

**I certify that I have read the In Absentia registration requirements on the Graduate Division website. I understand that failure to meet these criteria will result in a denied petition.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Research Advisor/Committee Chair: I support this petition, and certify the student's In Absentia eligibility. A letter of justification is attached if an exception to policy is required per the criterion below**

A terminal master's student in their first year, or a doctoral student not advanced to candidacy  
Request for In Absentia registration beyond the first 3 quarters: include rationale for the additional quarter(s) and how this extension will help the student progress towards degree completion  
An applicant who previously took a filing leave of absence (it is extremely rare that this will be approved)

Research Advisor/Committee Chair:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Department supports this request and certifies that the student is eligible for In Absentia registration**

Department Chair/Faculty Graduate Advisor:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Graduate Division Use Only:**

Approve  
Deny

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Entered on Access and SREG

**UC SANTA BARBARA**  
**Academic Services**  
Graduate Division