



# Cornell University Graduate School

143 Caldwell Hall  
Ithaca, NY 14853-2602

Date \_\_\_\_\_

## IN ABSENTIA PETITION

Form R5

### BEFORE YOU BEGIN

#### GENERAL INFORMATION

##### Purpose

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In absentia status provides an opportunity for graduate students to engage in approved study away from the university during the academic year while continuing to work under the guidance of the Special Committee. Provided the proposed arrangement enhances the student's program of study, the student may earn registration units. Students studying in absentia are eligible for fellowships, assistantships, student health insurance, and educational loans. (In absentia is for the academic year only. There is a separate form for summer registration.)

##### Requirements

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To register for in-absentia status, you must ensure that the following requirements have been satisfied:

1. Receive approval from the Special Committee and Field Director of Graduate Studies
2. Submit an in absentia petition to the Graduate School by Nov. 30 for the spring semester and by June 15 for the fall semester.
3. Students registered in absentia will be enrolled automatically in the Student Health Insurance Plan (SHIP). If you wish to waive the SHIP, submit the In Absentia Waiver for the Student Health Insurance Plan to the Student Insurance Office by Aug. 30 for Fall in absentia or Feb. 28 for Spring in absentia. You must read the form to understand the requirements are necessary to be eligible for the waiver. This form is available at the Graduate School and at Gannett Health Center. You can also have the form e-mailed to you by contacting Gannett at [sicu@cornell.edu](mailto:sicu@cornell.edu) or find the form online at [www.gannett.cornell.edu/student\\_insurance/shipreg\\_inabsentia.htm](http://www.gannett.cornell.edu/student_insurance/shipreg_inabsentia.htm).
4. Clear all bursar account balances prior to the first day of classes. If you wish to waive the SHIP, you must notify the Bursar's Office by the first day of classes so that they can release you for registration while the waiver is pending.

##### Fees

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Students who will be in absentia for the full semester are charged \$200 tuition and the mandatory Student Health Insurance Plan (SHIP) premium.

##### Deadlines

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In absentia petitions are due June 15 for the fall semester and Nov. 15 for the spring semester. Students should settle Bursar accounts prior to the first day of classes and should provide the Bursar's Office with their billing address for the absentia period.

#### REGULATIONS

*(Excerpted from the Code of Legislation of the Graduate Faculty)*

A Ph.D. student shall have earned at least two registration units, while registered for that degree program in the Graduate School, in fulltime study either on the Ithaca campus or at a satellite location, to be eligible for work in absentia. A Ph.D. student may not earn more than two units toward the fulfillment of the minimum registration unit requirement for work in absentia.

A master's degree student shall have earned at least one registration unit, while registered for that degree program in the Graduate School, in full-time study either on the Ithaca campus or a satellite location, to be eligible for in absentia registration. A master's student may not earn more than one unit toward the fulfillment of the degree's minimum registration unit requirement for work in absentia.

A student may register in absentia with the Graduate School for no more than a total of eight semesters.

Non-degree students are not eligible for in absentia status.

The same limitations on employment apply for in absentia students as for on-campus students.



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### INSTRUCTIONS

- ♦ The petition for in absentia study must briefly outline the project and explain why the study must be pursued off campus.
- ♦ In absentia status is not automatically extended. To extend in absentia status, a new petition justifying the need for the extension must be submitted.
- ♦ For international students, it is the student's responsibility to update their address with the International Students and Scholars Office. For more details please see [www.isso.cornell.edu/about/addresschange.php](http://www.isso.cornell.edu/about/addresschange.php).
- ♦ You must read and sign the bottom of this form for it to be processed. All information on this form, excluding signatures, should be printed or typed. After obtaining the signatures from your committee members and Director of Graduate Studies, submit the completed form to **Graduate School Student Services, 143 Caldwell Hall**.
- ♦ If you have questions, please contact the Graduate Student Services Office at (607) 255-5820.

### BIOGRAPHICAL INFORMATION

Cornell ID number	NetID	E-mail address	
Last name	First name	Middle initial	Gender
Academic program	Degree program		

### IN ABSENTIA STUDY PLANS

Please outline the project to be undertaken while in absentia, including the dates for the proposed study and the location in which the study will be conducted. Attach this information as additional page(s) to this form.

### TERMS FOR WHICH IN ABSENTIA STATUS IS REQUESTED

Fall 20\_\_\_\_ Spring 20\_\_\_\_ Fall 20\_\_\_\_ Spring 20\_\_\_\_

### SOURCE OF IN ABSENTIA TUITION

Self                      Other (please specify): \_\_\_\_\_

Do you plan to purchase Cornell University health insurance?      Yes              No (Please complete the form below)

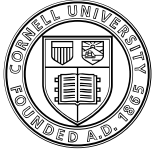
### COMMITTEE SIGNATURES OF APPROVAL All the following information and signatures are required.

Special Committee Chair name	NetID	Special Committee Chair signature	Date
Special Committee member name	NetID	Special Committee member signature	Date
Special Committee member name	NetID	Special Committee member signature	Date
Special Committee member name	NetID	Special Committee member signature	Date
Director of Graduate Studies name	NetID	Director of Graduate Studies signature	Date
GFA or Administrative Mgr. name	NetID	GFA or Administrative Mgr. signature	Date

### STUDENT ACCEPTANCE STATEMENT AND SIGNATURE

Student signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Graduate School use only:</b> Service	Indicators	Student Financials	Term History
	Student Program/Plan	Submit LOA	Course Enrollment
	Approved	Denied. Reason: _____	



Cornell University  
Office of Student  
Health Insurance

STUDENT HEALTH INSURANCE PLAN  
**2009-2010 "IN ABSENTIA" WAIVER FORM**

THIS FORM MAY BE USED ONLY BY STUDENTS WHO WILL BE REGISTERED IN ABSENTIA IN 2009-2010.

**INSTRUCTIONS** You must submit this fully completed form if you have health insurance that meets Cornell's requirements and do not wish to be automatically enrolled in and charged \$1590 for the Cornell Student Health Insurance Plan.

**DEADLINES** Fall Entrants *in absentia*: August 31, 2009 Spring Entrants *in absentia* (new entrants only): February 28, 2010

**RETURN TO** Cornell University Office of Student Health Insurance 409 College Avenue, Suite 211 Ithaca, NY 14850

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Female  Male  
*(Please print clearly using ink)*

Mailing Address \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cornell 7-Digit Student ID # \_\_\_\_\_

Please indicate whether you prefer to be contacted at your:  Email address  Mailing address

**INFORMATION ABOUT YOUR HEALTH INSURANCE PLAN**

Cornell University requires every student to enroll in the Student Health Insurance Plan (SHIP), unless you can demonstrate that you already have a health insurance plan that meets Cornell's requirements. In order to waive participation in the SHIP, you must affirm that you already have a health insurance plan that meets each of the three criteria below by checking the "yes" boxes. If you do not know whether your coverage meets these conditions, contact your insurance company administrator to get accurate information about your plan before completing this form.

Cornell University reserves the right to verify your health insurance information. If your plan does not meet the criteria, or you are uninsured, you will automatically be charged for and enrolled in the Student Health Insurance Plan.

Subscriber Name \_\_\_\_\_

Subscriber's Relationship to Student \_\_\_\_\_ Subscriber Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Company \_\_\_\_\_ (including Medicaid/Medicare)

Insurance Company Address \_\_\_\_\_

Insurance Company Phone # \_\_\_\_\_ Insurance Policy # \_\_\_\_\_

YES NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The maximum benefit for my coverage is at least \$500,000 per year.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. My coverage will remain in force as long as I am a full-time registered student (including <i>in absentia</i> and non-degree status) at Cornell University. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. My plan provides coverage for pre-existing conditions.  |

**SIGNATURE**

By my signature, I affirm that I have read and understand the information above and that I have health insurance coverage that meets *all three* of the criteria. I understand I am legally responsible for all medical expenses incurred during my enrollment at Cornell University and that the University will not be responsible for any medical expenses.

Signature \_\_\_\_\_ Date \_\_\_\_\_