IN ABSENTIA STATUS REQUEST

e-mail grads@vt.edu

Use this form if you are in good standing and, for academic reasons, need to spend an entire fall or spring semester away from campus. In Absentia Status is granted for work that is directly related to the student's academic course of study and is integral to the degree. Submit this form to the Graduate School at least two weeks prior to the start of the semester in which In Absentia Status is requested. International students must consult with an international student advisor to discuss how In Absentia Status affects their immigration status. The student is responsible for enrolling in 1 credit hour for the term for which In Absentia Status is granted.

Last/Family Name	First/Given Name			Middle Name		
Last 4 digits of VT ID:	Citizenshi	n				
	-		ent Resident	t Resident Non-U.S. Ci		
	*If non-	U.S. citizen, please li	st your visa status:			
E-mail Address:						
@vt.edu account, preferred						
Campus		Current Program				
Blacksburg Hampton Roads National Capital Region						
Roanoke Southwest Virginia Virtual						
Term(s) for which Requesting In Absentia Status (maximum of t	wo consecutive t	terms)				
FALL SPRING YEAR	Degree Docto					
			ation Specialist			
Expected Term to Return to Campus			Master's			
FALL SPRING SUMMER YEAR						
Please describe how the work that will be completed while in a	bsentia is directly	y related to your aca	demic course of study.			
During the period of my In Absentia Status I will be stationed of						
50 miles from Blacksburg and will not work on or in conjunction any VT extended campus or facility.	on with ——— STUDE	NT Signature	e		Date (MM/DD/YY)	
uny vi extended campus of jucinty.		-				
COMMITTEE CHAIRPERSON Signature	Printed Name		e-mail (@vt.edu,	preferred)	Date (MM/DD/YY)	
DEPARTMENT HEAD Signature	Printed Name		e-mail (@vt.edu,	preferred)	Date (MM/DD/YY)	
or AUTHORIZED GRADUATE PROGRAM DIRECTOR					, , , ,	
DEPARTMENT CONTACT (GRADUATE STAFF COORDINATOR) Signature		Pate (MM/DD/YY)		Cuhmit vous	completed form:	
INTERNATIONAL ADVISOR (for F-1 and J-1 students) Signature	Г	Pate (MM/DD/YY)	https://gs.vt.edu/forms 120 Graduate Life Center, Blacksburg			
I State in the state of t	_	, -, -, -,			: Ave, Alexandria	
ODADUATE SCHOOL S:		Date (MM/DD/YY)			540-231-8636 or	
GRADUATE SCHOOL Signature	L	rate (IVIIVI/DD/TT)	101 03	J.J.Carroc, Call	3 .3 <u>L</u> 31 0030 01	

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