



**Eligibility:**

- Candidates who have completed all requirements for graduation and who need to register for the purpose of having a degree conferred (not to take courses or complete a thesis or project) are eligible to register **in absentia**.
- Candidates who have provided a written thesis or project to their committee chair and successfully completed their oral thesis or project defense prior to the end of the registration period for the semester of graduation are deemed to be eligible for **in absentia** registration if the student has previously registered for the maximum credit hours of thesis or project allowed to count toward the degree.
- The most common use of **in absentia** registration occurs when a student completes the thesis or project after the deadline for submission in a given semester and therefore must graduate in the following term.
- Candidates should contact the Bursar's Office for applicable fee charges and financial aid implications.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

UTPB Email: \_\_\_\_\_

Graduate Program and Degree: \_\_\_\_\_

Semester and Year of In Absentia Status/Proposed Graduation: \_\_\_\_\_

Have you completed all degree requirements?    Y    N    Have you applied for graduation?    Y    N

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Approving Signatures in Routing Order:**

\_\_\_\_\_  
Printed Name of Graduate Advisor

\_\_\_\_\_  
Signature of Graduate Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Graduate Program Head

\_\_\_\_\_  
Signature of Graduate Program Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Department Chair

\_\_\_\_\_  
Signature of Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of College Dean

\_\_\_\_\_  
Signature of College Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Graduate Studies Dean

\_\_\_\_\_  
Signature of Graduate Studies Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Registrar or Rep

\_\_\_\_\_  
Signature of Registrar or Rep

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Financial Aid Rep

\_\_\_\_\_  
Signature of Financial Aid Rep

\_\_\_\_\_  
Date