



***In-absentia* APPLICATION FORM**

Name: _____ E-mail: _____

Program: _____ Year of Study: _____

Estimated Dates of Absence: From: _____ To: _____

I will be conducting research with _____
Sponsor's name

Institution: _____

Address: _____

Lab Phone#: _____ E-mail: _____

Student's Address during *in-absentia* _____

Home Phone#: _____

ACE Examination Satisfied: Yes No

Thesis Title: _____

FINANCIAL SUPPORT: (Stipend and Health Insurance is provided by Major Sponsor).

Stipend and Health Insurance will be covered at: (*Fill in below*)

Institution: _____

Address: _____

Stipend and Health Insurance will be covered at WCGSMS and invoiced to Institution. (*Fill in below*)

Institution: _____

Address: _____

Major Sponsor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

WCGSMS Action:

Approved: _____
Not Approved: Associate Dean _____ Date