

Department of Anthropology
University of Chicago
OUT-OF-CHICAGO STUDENT INFORMATION SHEET

Name _____ Date _____
Social Security No. _____
Univ. of Chicago ID No. _____

BILLING ADDRESS, PHONE/FAX &
E-MAIL

ACTUAL ADDRESS, PHONE/FAX &
E-MAIL

(Note: There is a fee or tuition charge for every type of registration [except Leave of Absence] so **you will receive a quarterly bill**, that will also (usually) include health insurance charges -- see below under Medical Insurance.)

What **TYPE of REGISTRATION** do you want **next year** and/or while away? _____
(Write in the appropriate choice from the following: Pro Forma, Advanced Residence, Extended Residence, Scholastic Residence, Leave-of-Absence, CIC/Exchange)

Quarters and years that you will be Out-of-Chicago and/or want the Department register for you:

(Write the appropriate year in the blanks of the quarters when you need to register.)

Summer _____ Autumn _____ Winter _____ Spring _____
(Year) (Year) (Year) (Year)

Who is the Chairman of your doctoral committee? _____
(Out-of-Chicago students are normally registered for Reading/Research with their Committee Chair. If this type of registration is NOT appropriate for you, see below.)

Do you want **UNIVERSITY STUDENT MEDICAL INSURANCE** while you are away?
(Note that the Student Health Insurance is **NOT available** to students in **Extended Residence** or **Leave of Absence**. In Advanced and Scholastic Residences, Student Health Insurance is **required** unless you can demonstrate comparable coverage. In **Pro Forma**, you can **choose** to carry the student medical insurance or not -- but you **SHOULD** have coverage of some sort in the field, and **continuity** of coverage is advisable in any circumstance involving possible **chronic** medical problems because most health insurances [including the University's] have a waiting period on coverage of "pre-existing conditions.")

Yes, I want Health Insurance _____ No (or Ineligible) _____

Quarters of desired coverage (write appropriate year after desired quarters):

Autumn _____ Winter _____ Spring _____ Summer _____
(Year) (Year) (Year) (Year)

(Note: Summer coverage is free if you have held insurance in the **3 prior quarters**.)

FUNDING while out of Chicago

Do you have funding while out of Chicago? Yes _____; No, None _____

Grant(s) held: (Please list grantor name(s), amount and duration of award, and types of expenditures covered by award [i.e., tuition, living stipend, fieldwork expenses, etc.]. Please also **send the Department a copy of your award letter.**)

(Reminder: Be sure to leave your address and other pertinent information with the appropriate officials if you are expecting to receive checks [or have them deposited in your behalf] while you are away.)

Grant(s) pending: (Please list grantor names and grant periods for any grant applications you have pending or for which you intend to apply during the period covered by this form.)

REGISTRATION (other than for Reading and Research with your Committee Chair):
If you need to be registered for particular courses **other** than the standard Reading and Research with your Committee Chair while you are away, please list the **specific** courses, number of units, and instructors, etc. below)

LOANS

If you will be in Pro Forma, Scholastic, or Advanced Residence, make sure you have made appropriate arrangements to continue your **Loan Deferrals** while you are away. (Contact Marie Doucet in the Registrar's Office, ADM 103, 5801 S. Ellis, Chicago 60637; 773-702-7878.)
If you will be in Extended Residence or Leave of Absence while you are away and you have loans that can no longer be deferred, make sure you have made appropriate arrangements with the Student Loan Center, Book Store 4th floor, 970 East 58th Street, 773-702-6061) Those in Pro Forma may also want to know that it is possible to borrow through the student loan programs for field work/language study while in pro forma registration.)

Signature _____

KEEP A PHOTOCOPY OF THIS FORM FOR YOUR RECORDS