



Leave of Absence Request Form

PLEASE NOTE: Students cannot be registered in any term that is requested as a Leave of Absence.

Student Name: _____

Student Number: _____

Academic Unit: _____

Supervisor: _____

Student email: _____

Reason for request:

Compassionate grounds (explain in comments box)

Health problems (must be accompanied by a note from a health practitioner)

Gaining practical experience related to the program of study but not towards thesis or dissertation completion (explain in comments)

Maternal/ Parental

Term(s) Requested (must apply before end of preceding academic term)

Fall Term - Year : _____

Winter Term - Year: _____

Spring/Summer Term - Year: _____

Comments (attach additional pages as required)

The Supervisor and/or Graduate Coordinator **MUST PROVIDE ADEQUATE DETAILS** in support of the request. Requests will be returned to the academic unit if the information provided is insufficient.

Supervisor comments (Student progress, estimated time of completion)

Student comments

Student Signature: _____

Date: _____

Supervisor Signature (approved): _____

Date: _____

Graduate Coordinate Signature (approved): _____

Date: _____

-By signing this I acknowledge I have had a conversation with the student concerning leave of absence

Graduate Funding Officer Signature (approved): _____

Date: _____

Graduate Coordinator/Supervisor Signature (not approved): _____

Date: _____