



Leave of Absence Request Form

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

Supervisor Signature (not approved): _____ Date: _____

Graduate Coordinator Signature (not approved): _____ Date: _____