



## 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
- Health problems (must be accompanied by a note from a health practitioner)
- Gaining practical experience related to the program of study
- Maternal/ Parental

### Term(s) Requested:

- Fall Term – Year: \_\_\_\_\_ (must normally apply by May 1<sup>st</sup>)
- Winter Term – Year: \_\_\_\_\_
- Spring/Summer Term – Year: \_\_\_\_\_

### Comments

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.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature (approved): \_\_\_\_\_

Date: \_\_\_\_\_

Graduate Coordinate Signature (approved): \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature (*do not* approve): \_\_\_\_\_

Date: \_\_\_\_\_

Graduate Coordinator Signature (*do not* approve): \_\_\_\_\_

Date: \_\_\_\_\_