



## 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: \_\_\_\_\_