

Leave of Absence Request Form

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

Student: _____ Academic Unit/Program: _____

Student #: _____ Supervisor: _____

Student Email Address: _____

- Reason for Request:**
- Compassionate grounds
 - Health problems (must be accompanied by a note from health practitioner)
 - Gaining practical experience closely related to program of study
 - Maternal/Parental

- Term/s Requested:**
- Fall Term - Year _____ (must normally apply by May 1st)
 - 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 Coordinator Signature (Approved): _____ Date: _____

Supervisor Signature (Do Not Approve): _____ Date: _____

Graduate Coordinator Signature (Do Not Approve): _____ Date: _____