



**Application for Leave of Absence**

Students may be granted an approved Leave of Absence for personal, health or other reasons which temporarily prevent continuation in the graduate program as a full-time, part-time, or continuing student. During a leave of absence approved by the Graduate Studies Committee, students shall not be required to register or pay fees. In addition, they would not be engaging in research, thesis work or any academic activities. The Leave of Absence is normally granted up to a maximum of one year.

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Email: \_\_\_\_\_

Graduate Program Advisor / Supervisor: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Full-time  Part-time

Have you had a previous leave?

No  Yes- if yes, list all prior leaves

From:	To:
From:	To:
From:	To:

*Except for parental leave or in exceptional circumstances, it is not expected that a student will be granted more than one leave during their time in the graduate program.*

Request for Leave: From  January 1  May 1  September 1 Year \_\_\_\_\_  
Until  December 31  April 30  August 31 Year \_\_\_\_\_

Type of Leave Requested:

- Parental Leave (proof of pregnancy birth/adoption or physician’s report)
- Medical Leave (physician’s report)
- Compassionate Leave (written explanation of circumstances)

Are you currently receiving awards, stipends and/or funding for the duration of the leave requested?

No  Yes – if yes, please list and provide amounts of all awards, stipends and/or funding so that we may facilitate the accurate administration of these funds prior to and upon return from your leave.



By signing this form, I confirm that I have read the Leave of Absence in the Graduate Studies Policy Document and understand the conditions of this request and agree not to undertake any academic work toward my graduate degree program.

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

Graduate Program Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Program Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit all documentation to the Office of the Faculty of Graduate Studies, 1BC06, (204) 786-9797.**

Dean of Graduate Studies: \_\_\_\_\_ Date: \_\_\_\_\_

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*Office Use Only*

Leave granted from \_\_\_\_\_ to \_\_\_\_\_

Leave denied

New deadline for completion of degree requirements \_\_\_\_\_

Approved by: \_\_\_\_\_

Withdrawn from courses during Leave of Absence

Coordinator, Student Records (Graduate Studies) Signature: \_\_\_\_\_

Rationale for Decision:

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