



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

Table with 2 columns: From, To. Three rows for listing previous leaves.

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.

Anticipated date of graduation _____



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: _____

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Withdrawn from courses during Leave of Absence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:
