

This information is collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act, the Taxation Act (Canada) and the Statistics Act (Canada). It is required to evaluate your request for a leave of absence. If the leave is approved, this information will become part of the student record and it will be disclosed to relevant academic and administrative units on campus. Specific data elements will be disclosed to the Federal and Provincial governments to meet reporting requirements, and to the Graduate Students' Association in accordance with the affiliation agreement. Questions about the use of this information may be directed to the FOIP Advisor, Faculty of Graduate Studies (403) 220-4938.

Last Name	First Name	Middle Name(s)	UCID Number	Graduate Program
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Reason for Leave Request:	Bereavement Military Service	Care Giving Political Service	Maternity Other	Medical	Parental
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Please give a brief description of your reason for a leave request, **and attach appropriate documentation.**

This is a First-Time Request **This is a Renewal Request**

Exact Dates of Requested Leave (Preferably the first day of one term to the last day of another term. Must not exceed 1 year)	From: yyyy/mm/dd	To: yyyy/mm/dd
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List **all sources and amount of funding** for the current academic year, Sept-August:

I have read the [Leave of Absence Policy](#) and understand the policy pertaining to the leave of absence. I have discussed the leave and its implications with my supervisor and supervisory committee (as applicable).

International students: I have consulted with International Student Services (MSC 275) regarding the immigration implications of this leave of absence request, and I understand how it will affect my legal status in Canada.

NOTE: If the leave of absence overlaps your registration anniversary month, annual general fees will be assessed at that time.

Student Name (Printed)	Student Signature	Date
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Supervisor Name (Printed)	Supervisor Signature	Date
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Graduate Program Director/Department Head (Printed)	Graduate Program Director/Department Head Signature	Date
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For Renewal Requests or Requests Beyond Total Length of One Year

Dean, Faculty of Graduate Studies or designated (printed)	Dean, Faculty of Graduate Studies or designated (signature)	Date
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SEND TO THE FACULTY OF GRADUATE STUDIES UPON APPROVAL

For Faculty of Graduate Studies use only:

Graduate Scholarship Office Update Student Record