



Last Name	First Name	Middle Name(s)	UCID Number	Degree	Graduate Program
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<b>Reason for Leave Request:</b>	<input type="checkbox"/> Bereavement	<input type="checkbox"/> Care Giving	<input type="checkbox"/> Medical	<input type="checkbox"/> Parental
	<input type="checkbox"/> Military Service	<input type="checkbox"/> Political Service	Other: _____	

Please give a brief description of your reason for a leave request and attach appropriate documentation.

<b>This is a First-Time Request</b> <input type="checkbox"/>	<b>This is a Renewal Request</b> <input type="checkbox"/>	
<b>Exact Dates of Requested Leave</b> (Preferably the first day of one term to the last day of another term. Must not exceed 1 year)	<b>From:</b> (yyyy/mm/dd)	<b>To:</b> (yyyy/mm/dd)

List all sources and amount of funding for the current academic year (Sept-August):

Please check boxes to acknowledge:

I have read the [Leave of Absence Policy](#) and understand the implications of this leave of absence for my academic program.

I understand the fee implications of this leave of absence request, including that if the leave overlaps my registration anniversary month, annual general fees will be assessed.

**International students only:** I have consulted with International Student Services ([issimmigration@ucalgary.ca](mailto:issimmigration@ucalgary.ca)) regarding the immigration implications of this leave of absence request, and I understand how it will affect my legal status in Canada.

Student Name (Printed)	Student Signature	Date
Supervisor Name (if applicable) (Printed)	Supervisor Signature (if applicable)	Date
Graduate Program Director Name (Printed)	Graduate Program Director Signature	Date

**SEND TO THE FACULTY OF GRADUATE STUDIES UPON APPROVAL**

<b>For Faculty of Graduate Studies Use Only</b>		
<input type="radio"/> Confirmation to Student; cc Awards Team, GSA, Graduate Program	<input type="radio"/> Update Student Record	
<b>For requests bringing total leave time to &gt;1 year or requests outside of policy:</b>		
FGS Approver Name(s)	FGS Approver Signature(s)	Date

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.