UOIT
CHALLENGE INNOVATE CONNECT

GRADUATE STUDIES

**Request for
Leave of Absence Form**

Please see section 4.5.12 in the Graduate Academic Calendar for information on leaves of absence.
Supporting documentation must be submitted along with this form.

SECTION 1: To be completed by student.

Name _____ UOIT Student Number _____

Program _____ Degree _____

Have you had a previous leave? _____ Status in Canada:☐ Domestic ☐ International

Type of leave requested:
___ Parental
Parental leave must be completed within twelve months of the date of birth or custody. Where both parents are graduate students taking leave, the combined total number of sessions may not exceed four. Students are eligible for one leave per child.

___ Personal/Medical
Please provide an explanation below. Attach additional pages if more space is required. Please attach a note from the Doctor requesting medical leave.

Leave of absence requested from _____to_____
  Date (first day of a term)   Date (last day of a term)

A leave will begin on the first day of term, for a period of 1, 2 or 3 terms.

Have you received a scholarship award for the terms indicated? _____ Yes _____ No

By signing this form, I understand the conditions of this request and agree not to undertake any academic or research work toward my graduate degree program or to use any of the University's facilities during the period of leave.

Student's Signature _____ Date _____

SECTION 2: To be completed by the Supervisor (if applicable), Graduate Program Director and Dean of Graduate Studies

☐ Approved ☐ Declined   ☐ Approved ☐ Declined   ☐ Approved ☐ Declined

_____   _____   _____
Supervisor Signature   Graduate Program Director Signature   Dean of Graduate Studies Signature

_____   _____   _____
Date   Date   Date

For Office of Graduate Studies Use Only:

Copy to: Faculty, and Student File

If you require this information in an alternate format due to disability, please email *gradstudies@uoit.ca*

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