



# Student Military Leave Application for Support

Policy Reference: AC.3.17

**Student Services**  
MA211, Heritage Hall  
1301 - 16 Avenue NW  
Calgary, AB T2M 0L4  
Phone: 403.284.7248  
Toll-free: 1.877.284.7248  
Fax: 403.284.7112  
Email: [advising@sait.ca](mailto:advising@sait.ca)

Please complete sections A to C and submit to Student Services for Processing

## A) Personal Information

SAIT Student ID Number _____			
Last Name _____	First _____	Middle _____	
Email _____			Phone _____

## B) Request for Support

<b>Program</b> _____				
<b>Term:</b>	<input type="checkbox"/> <b>FALL</b> (Term 2) Sept-Dec	<input type="checkbox"/> <b>WINTER</b> (Term 3) Jan-Apr	<input type="checkbox"/> <b>SPRING</b> (Term 4) May-June	<input type="checkbox"/> <b>SUMMER</b> (Term 1) July-Aug
I am requesting support for: <input type="checkbox"/> The entire program <input type="checkbox"/> Specific courses (list below)				
Course Code(s) _____		Course Title(s) _____		
Course Code(s) _____		Course Title(s) _____		
<b>Accommodation Requested (Check all that apply)</b>			<b>Approving Authority</b>	
<input type="checkbox"/> Defer exam, assignment or other assessment (Maximum deferral is 8 weeks from the end of the course)			Academic Chair/Coordinator	
<input type="checkbox"/> Complete a deferred assessment or exam under military proctor			Academic Chair/Coordinator	
<input type="checkbox"/> Allow an extended leave of absence from his/her program (one or more semesters) * The student is expected to complete the graduation requirements within the time line for that program			Academic Chair/Coordinator	
<input type="checkbox"/> Allow fulfillment of program workplace experiential learning requirements through military service			Academic Chair/Coordinator	
<input type="checkbox"/> Allow receipt of an "Incomplete" ("I") grade for the course (Grade needs to be cleared within 8 weeks from the end of the course)			Academic Chair/Coordinator	
<input type="checkbox"/> Allow withdrawal from the course where the student will receive a "W" grade, as per AC.3.1.1 Grading and Progression, and receive a full refund of his/her tuition for that course			Academic Chair/Coordinator	
<input type="checkbox"/> Transfer course registration to the same, or equivalent course, offered through distance delivery (no addition cost to the student)			Academic Chair/Coordinator	
<input type="checkbox"/> Receive a grade based on the course work completed to date, if the student has completed at least 70 per cent of the course			Academic Chair/Coordinator, Instructor	
Student Signature: _____			Date: _____	

\* A student who wishes to request an accommodation must give at least 10 working days prior written notice to his/her Academic Chair/Coordinator. Please attach reason/rationale for request. Addition supporting documentation may be required.

## C) Academic Approval Required

Academic Chair* (or Earned Revenue Coordinator)	_____	Name (print)	_____	Signature	_____	Date	_____
Additional (if applicable)	_____	Name (print)	_____	Signature	_____	Date	_____

\* The Academic Chair/Earned Revenue Coordinator in the School that delivers the course must complete the Academic Approval portion.  
**Example:** MATH 235 is a CALS course taught in several programs. Therefore, approval must come from the CALS coordinator.

Completed original to be submitted to Student Services. Copies to be forwarded to the Academic Chair/Coordinator, Instructor and Applicant.

☐ Records updated by \_\_\_\_\_ Date \_\_\_\_\_

The personal information you provide on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act of the Province of Alberta, Section 33(c). This information will be used to process a request for military accommodation. If you have any questions about the collection or use of this information, contact the Student Services' FOIP coordinator at 403.284.8069.