



APPLICATION FOR TEMPORARY LEAVE OF ABSENCE

For DPT students

Student Name: _____ Student ID: _____
 (Last) (First) (Middle Initial)

Email: _____ Date: _____

Program: _____ Primary Supervisor (MA, PhD, DPT only): _____

Please provide details regarding why you are requesting a temporary leave from studies, and the desired length of your leave. Along with this form, please also provide additional supporting information relevant for your request (e.g., a note from your doctor or employer).

Leave Time Requested (please be specific): _____

Primary Supervisor: _____ Secondary Supervisor: _____

FOR OFFICE USE ONLY

Decision: ___ Approved ___ Denied

VP Academic: _____

Date: _____
(dd/mm/yyyy)

Registrar: _____

Date: _____
(dd/mm/yyyy)