



APPLICATION FOR TEMPORARY LEAVE OF ABSENCE

For Advanced Degree 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)