

## Application for Leave of Absence

Students may be granted an approved Leave of Absence for ~~personal~~ or other reasons which temporarily

By signing this form, I confirm that I have read the Leave of Absence Graduate Studies Policy Document and understand the conditions of this request and agree not to undertake any academic work toward my graduatedegree program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Program Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Program Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit all documentation to the Office of the Faculty of Graduate Studies, 1BC06, (204) 786797.

Dean of Graduate Studies: \_\_\_\_\_ Date: \_\_\_\_\_

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Office Use Only

Leave granted from \_\_\_\_\_ to \_\_\_\_\_

Leave denied

New deadline for completion of degree requirements \_\_\_\_\_

Approved by: \_\_\_\_\_

Withdrawn from courses during Leave of Absence