

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: _____

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Withdrawn from courses during Leave of Absence