

PROCESSING INFORMATION FOR PROGRAM CONTINUANCE

A program continuance may be an option for graduate students who do not qualify for an approved leave of absence as defined in Faculty of Graduate Studies Regulation 5.9.

Please read the following information carefully before requesting a Program Continuance.

1. The purpose of the Program Continuance is to allow students to take part in an exceptional academic or career opportunity.
2. Applications for a Program Continuance must be received prior to the start of the term for which the continuance is to take effect.
3. A Program Continuance is granted on a per term basis: fall, winter and summer. Students may request successive term leaves, up to a maximum of three terms during the course of their graduate degree.
4. While a student is on a Program Continuance, the clock keeps ticking in terms of time allowed to complete degree requirements.
5. A fee of \$100.00 per term is required to process a Program Continuance, tuition and ancillary fees are not required.
6. Students on a Program Continuance are not eligible to receive TAs, faculty grants, scholarship payments or to apply for a bursary.
7. Academic work completed at another institution during the period of a Program Continuance cannot be used for credit towards a Dalhousie degree.
8. Under no circumstances is a Program Continuance approved retroactively.
9. An approved Program Continuance releases the University from the obligation to provide services such as consultations with professors, supervisors and student library privileges.
10. International students must consult with an international student advisor prior to submitting this form to FGS.

I HAVE READ THE ABOVE INFORMATION AND AGREE TO ABIDE BY THE REGULATIONS.

NAME

SIGNATURE

DATE

REQUEST FOR PROGRAM CONTINUANCE

Please return this two page form prior to the term(s) for which it is to be effective.

NAME:	STUDENT NUMBER: B00
DEGREE PROGRAM:	
REASON FOR PROGRAM CONTINUANCE:	
TERM(S) OF ABSENCE:	
<input type="checkbox"/> FALL	YEAR:
<input type="checkbox"/> WINTER	YEAR:
<input type="checkbox"/> SUMMER	YEAR:

CURRENT MAILING ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
TELEPHONE NUMBER:		
E-MAIL:		

I HAVE READ THE CRITERIA FOR A PROGRAM CONTINUANCE AND AGREE TO ABIDE BY THE REGULATIONS.		
NAME	SIGNATURE	DATE

DALHOUSIE UNIVERSITY – OFFICE USE ONLY			
SIGNATURE/NAME—SUPERVISOR (IF APPLICABLE)	DATE	SIGNATURE/NAME—GRADUATE COORDINATOR	DATE
SIGNATURE/NAME— FACULTY OF GRADUATE STUDIES	DATE	SIGNATURE/NAME— OFFICE OF THE REGISTRAR	DATE
SIGNATURE/NAME— FINANCIAL SERVICES	DATE		

STUDENT ACCOUNT CHARGED \$100.00	<input type="checkbox"/> FALL	<input type="checkbox"/> WINTER	<input type="checkbox"/> SUMMER
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Please send the completed form directly to your department for departmental approval.

All supporting documents requested/required by the department are not to be forwarded to the Faculty of Graduate Studies. Any supporting documents must be housed at the department level.

Submit to: Completed form, with original signatures, must be sent to graduate.studies@dal.ca from a valid departmental email address.