

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 4.5.

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 or for another exceptional situation not covered by the LOA Regulation: 4.4. Supporting documentation and program approval is required prior to final approval by the Faculty of Graduate Studies.
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. Once a student is at the thesis only stage of their degree, a Program Continuance cannot be approved.
5. While a student is on a Program Continuance, the clock keeps ticking in terms of time allowed to complete degree requirements.
6. A fee of \$100.00 per term is required to process a Program Continuance, tuition and ancillary fees are not required.
7. Students on a Program Continuance are not eligible to receive TAs, faculty grants, scholarship payments or to apply for a bursary.
8. Academic work completed at another institution during the period of a Program Continuance cannot be used for credit towards a Dalhousie degree.
9. Under no circumstances is a Program Continuance approved retroactively.
10. An approved Program Continuance releases the University from the obligation to provide services such as consultations with professors, supervisors and student library privileges.

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)	SIGNATURE/NAME—GRADUATE COORDINATOR		
DATE	DATE		
SIGNATURE/NAME— FACULTY OF GRADUATE STUDIES	SIGNATURE/NAME— OFFICE OF THE REGISTRAR		
DATE	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.