



REQUEST FOR LEAVE OF ABSENCE — SEE FGS REGULATION 4.4 FOR MORE DETAILS

- THE REQUEST MUST BE SUBMITTED PRIOR TO THE TERM FOR WHICH IT IS TO TAKE EFFECT.
- FGS WILL NOTIFY THE STUDENT AND THE STUDENT’S DEPARTMENT IN WRITING OF THE DECISION.
- APPLICATION MUST BE WORD-PROCESSED OR TYPEWRITTEN AND SIGNATURES MUST BE ORIGINAL.

NAME:	STUDENT NUMBER:
DEPARTMENT:	PROGRAMME:
TELEPHONE NUMBER:	E-MAIL:
MAILING ADDRESS:	

OUTSTANDING DEGREE REQUIREMENTS:

FGS REGULATIONS 4.5.2: “STUDENTS MAY APPLY FOR SUCCESSIVE TERM LEAVES UP TO A MAXIMUM OF THREE TERMS (ONE YEAR).”

LEAVE REQUESTED FOR THE FOLLOWING TERMS

TERM ONE:	<input type="checkbox"/> FALL	<input type="checkbox"/> WINTER	<input type="checkbox"/> SUMMER	YEAR:
TERM TWO:	<input type="checkbox"/> FALL	<input type="checkbox"/> WINTER	<input type="checkbox"/> SUMMER	YEAR:
TERM THREE:	<input type="checkbox"/> FALL	<input type="checkbox"/> WINTER	<input type="checkbox"/> SUMMER	YEAR:

REQUIRED ATTACHMENTS (CHECK BOXES TO INDICATE INCLUSION OF ATTACHMENT):

A SEPARATE LETTER INDICATING THE SPECIFIC REASON FOR THE REQUEST FOR A LEAVE OF ABSENCE.

IF THE REASON FOR THE LEAVE IS MEDICAL, A LETTER FROM THE MEDICAL DOCTOR MUST BE PROVIDED.

A PLAN INDICATING TIMELINES FOR THE STUDENT’S RETURN TO THE PROGRAM, SIGNED BY THE SUPERVISOR AND GRADUATE COORDINATOR

NAME OF APPLICANT SIGNATURE DATE

NAME OF SUPERVISOR SIGNATURE DATE

NAME OF GRADUATE COORDINATOR SIGNATURE DATE

SUBMIT TO: FACULTY OF GRADUATE STUDIES, ROOM 314, HENRY HICKS ACADEMIC ADMINISTRATION BUILDING

FGS APPROVAL

DEAN OR DESIGNATE (PROGRAMME OFFICER) SIGNATURE DATE