

REQUEST FOR LEAVE OF ABSENCE

PLEASE NOTE THE FOLLOWING POINTS BEFORE COMPLETING THIS FORM.

- Students enrolled in a degree program requiring continuous registration may apply for a 1- to 3-session leave on the grounds of (i) serious health or personal problems (e.g., illness of an immediate family member, a temporary employment transfer, etc.) which make it temporarily impossible to continue in the program, or (ii) parental leave by either parent at the time of pregnancy, birth or adoption, and/or to provide full-time care during the child's first year. The start and end of the leave shall coincide with the start and end of a session. The terminal date of the program will be extended by the duration of the leave.
- Students on leave do not register or pay fees to the University, nor are they permitted to have access to the services offered by the University, e.g., fellowships, housing, libraries, laboratories, etc. For non-University Fellowships, regulations of the particular granting agent will apply. Except for parental leave or in exceptional circumstances, students will not be granted more than one leave (maximum of three sessions). Applications for retroactive leave will not be granted.

Section 1: To be completed by the student. Please print clearly or type, and return the form to the Registrar's Office, Graduate Studies Unit, 4th Floor.

Name: _____ Student Number: _____

Address: _____

Email Address: _____ Telephone: _____

Department: _____ Degree: _____

Have you had a previous leave? Yes No If yes, please state how many sessions: _____

Type of leave requested:

Parental Parental leave must be completed within 12 months of the date of birth or custody. Where both parents are graduate students taking leave, the combined total number of sessions may not exceed four. Students are eligible for one leave per child.

Personal/Medical Please provide an explanation below. Attach additional pages if more space is required. Medical documentation is required if Leave is for medical reasons.

Leave requested: Number of sessions: _____ from: Month _____ Year _____ to: Month _____ Year _____

Do you have a Fellowship, Scholarship or Assistantship for the above period? Yes No

By signing this form, I understand the conditions of this request and agree not to undertake any academic work toward my graduate degree program during this leave.

Student's Signature: _____ Date: _____

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admission, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University's Freedom of Information and Protection of Privacy Office at 416-946-7303, Room 201, McMurrich Bldg., 12 Queen's Park Crescent, Toronto, ON, M5S 1A1.

Section 2: FOR OISE/UT REGISTRAR'S OFFICE – FOR SGS USE (in cases not conforming to policy)
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I approve the leave request as detailed below: **SGS Review Required:** Yes No

Number of Sessions: _____ from: Month _____ Year _____ to: Month _____ Year _____

Previous Degree Terminal Date: Month _____ Year _____ New Degree Terminal Date: Month _____ Year _____

Registrar's Office Signature: _____ Date: _____

APPROVED BY SGS: Yes No COMMENTS:

SGS Signature: _____ Date: _____