

STUDENT LEAVE OF ABSENCE FORM

Section 1: Student Information (to be completed by the student)

Last Name: _____ First Name: _____ Student Number: _____

Course: _____ Intake: _____

Category:	Full Time Week-Days	Full Time Week-Ends	Full Time Advance Credit
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Email: _____ Have you had previous leave? YES NO

Type of leave requested, indicate: _____

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 Provide an explanation and medical certificate where applicable. Attach additional pages if more space is required.

By signing this form, I confirm that I have read the Leave of Absence Policy and understand the conditions of this request and agree to undertake any academic work toward my graduate program.

Date (DD/MM/YY)

Student's Signature:

Section 2: Academic / Admission Director / Administrator

Request for Leave of Absence: Approved Denied

Academic / Admission Director /
Administrator's Signature

Date:

Our Locations

+ Calgary Campus

403 264 2009 | 403 992 7611
Fax: 587 352 2049

1324 36 Avenue NE
Calgary, Alberta | T2E 8S1

+ Red Deer Campus

403 264 2049 | 403 986 0684
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