

**Section 1.3 of the School of Graduate Studies (SGS) Calendar stipulates that:**

1. Full-time students are obliged to be on campus, **except for vacation periods or authorized off-campus status**, for all three terms of the university year. Other than vacation, if the period of time exceeds two weeks, the approval of the supervisor is also required. For absences of four weeks or more, this FTOC form needs to be completed and approved. In cases of **unauthorized absence**, the student will have to petition for readmission. The appropriate Faculty Committee on Graduate Admissions and Study will rule on each request. There is no guarantee of readmission or of renewal of financial arrangements.
2. Permission to be full-time off-campus will not be given for a period longer than **one year**.

**Procedure to be followed:**

1. Each request to be full-time off-campus should be forwarded by the Department to the School of Graduate Studies **no later than** one month prior to the date on which it is hoped the recommendation will be effective.
2. Sufficient information should be provided so that the Associate Dean or committee members have a sound basis for arriving at a decision. Otherwise, approval of the request may be delayed or denied.
3. If the time off campus involves field research as defined by RMM 801 then the student and Supervisor need to determine whether this research falls within the “Scope” of RMM 801 and assess the risk level if it does.  
[RMM 801 McMaster “Field Trips, Student Placements and Research Activity and Approval Program” policy](#)
4. The Risk Level needs to be indicated on this FTOC form and copy of RMM-801 sign-off page showing Provost/VP International and/or Environmental & Occupational Health Support Services (EOHSS) approval as required should accompany the FTOC form.

**Information to be supplied:**

First Name:	Last Name:	Student Number:
Department:	Program/Plan:	Masters      Ph.D.
Length of Time:	Start Date:	End Date:

Location (City & Country) and Purpose of Off-Campus Study:	
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**Please provide academic reasoning on how this off-campus request supports your thesis research that you cannot access while at McMaster.**

Date:

Signature:

**Please describe your schedule and timeline during your time off-campus and explain how your supervisor will be supporting you during this time.**

Date:

Signature:

**Statement and Risk Assessment confirmation by Supervisor:**

Does not require field research and/or outside scope of RMM 801

**If RMM 801 applies:**

Low (Requires Chair's Approval)

Significant (Requires EOHSS approval – RMM 801)

Extreme (Requires EOHSS and Provost/VP International approval – RMM 801)

Date:

Signature:

**Statement and Risk Assessment Confirmation by Department Chair:**

This time off campus does not involve field research and/or is outside the scope of RMM 801.

I confirm that the Risk Assessment is Low

The Risk Level is Significant (EOHSS approved RMM 801 sign-off is attached)

The Risk Level is Extreme (EOHSS/Provost-VP International approved RMM 801 sign-off is attached)

Date:

Signature:

**Once this form is fully complete, please submit via Service Request  
Request to be Full-Time Off Campus– R0013**