

Notes:

1. Please ensure Parts A, B, and C of this form are fully completed, giving sufficient information to provide a sound basis for making decisions. Students are responsible for completing Part A and departments are responsible for the completion of Parts Band C and submission of the form to the School of Graduate Studies via Service Request.
2. All forms should be completed in accordance with the regulations outlined in the Calendar of the School of Graduate Studies and will be retained as part of the student's official record.
3. Please ensure you are using the correct form for your purpose prior to submitting. This form is not for Pregnancy or Parental Leaves of Absences. For the full list of forms, please visit: [Full List of Forms](#)
4. For any accommodation requests longer than one term, please contact Student Accessibility Services: [Student Accessibility Services](#)

First Name:	Last Name:	Student ID:
Full-Time	Part-Time	Full Program Name:
		Degree:

<p>Leave of Absence</p> <p>Medical Leave of Absence – must include note from Doctor</p> <p>Other – Please specify:</p>

Part A: Statement By Student (please complete before submitting to your department):

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<p>Please note for a Leave of Absence:</p> <ol style="list-style-type: none"> 1. The effective start date should ideally be the first day of the term or month 2. The effective end date should ideally be the last day of the term of month 3. Leave of Absence may impact tuition and/or term count and are normally limited to one year
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Start Date:	End Date:
Student Signature:	Date of Signature:

Part B: Statement by Supervisor (or if there is no supervisor, please enter N/A in the box below):

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Date:

Name of Faculty Member:

Supervisor Signature:

Part C: Statement by Chair/Graduate Advisor/Programme Area Co-Ordinator:

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Date:

Name of Chair:

Chair Signature:

**Once Parts A, B, and C of this form are fully complete, please submit via Service Request
"Petition for Special Consideration" - R0005**