

This request for a leave of absence must be submitted to the Office of Graduate Studies (GradStudies@twu.ca) by the program (@twu.ca), in consultation with the requesting student. Required attachments must combined into one pdf with this form for submission.

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| STUDENT NAME | | STUDENT ID# | STUDENT EMAIL |
| PROGRAM OF STUDY DEGREE | | | |
| START DATE OF LEAVE Date after the last date of class, as determined by the Office of the Registrar in the Course Timetable. _____ (Month Date, Year) | | RETURN DATE First date of next registered course, as determined by the Office of the Registrar in the Course Timetable. _____ (Month Date, Year) | |
| TOTAL DAYS ON LEAVE* _____ | | | |
| NEW PROGRAM COMPLETION DATE <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year 20 _____ | | TOTAL DAYS OF PREVIOUSLY APPROVED LEAVES* _____ | DOES THE STUDENT HOLD A FINANCIAL AWARD(S)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type of award? _____ |
| TYPE OF LEAVE REQUESTED <input type="checkbox"/> Bereavement leave <input type="checkbox"/> Parental leave <input type="checkbox"/> Indigenous Student leave <input type="checkbox"/> Personal/Caregiver leave <input type="checkbox"/> Medical leave <input type="checkbox"/> Professional/Military/Political | | | |

*DISCLAIMER: It is the student's responsibility to comply with their study permit conditions. The Office of Graduate Studies is not responsible for the number of days that a student is on leave or the effect the length of leave has on the student's ability to maintain their status.

Required attachments:

- Reason for Request Memo.** Attach a written memo briefly outlining the reason for a request for leave. Note that supporting documentation and/or an interview with the student may be required.
- Graduate Program Checklist.** Indicate in terms and years which courses have been taken and when you will take all remaining courses (e.g., SP25)

By signing this form, the undersigned confirm that they understand the following:

- **For international graduate students:** Before applying, it is your responsibility to determine how applying for a Leave of Absence may affect your status as a student with Immigration, Refugees and Citizenship Canada and future post-graduation plans. We understand that many international students have questions about study permits, post graduate work permits (PGWP), and working while taking classes. Please refer to Canada's Immigration and Citizenship page for basic information. If you need to get connected with a licensed immigration advisor for further questions, please submit a [helpdesk request](#).
- A leave of absence is a suspension of a student's program of study that does not count toward time for degree completion.
- On-leave status is only available for students in good academic standing.
- Further documentation or an interview may be required, as part of this request.
- If approved, the leave will be added to the student's academic information.
- There is no fee for a leave.
- University resources will be limited during a leave.
- There is no expectation of work product, either by the student or the supervisor, during a leave.
- Award payments may be suspended while the student is on-leave.
- The student may not hold student service appointments or sessional teaching appointments while on-leave.
- Students must return to current registration as a condition of being eligible for the scheduling of a defence.
- If the student does not return from leave, they may be withdrawn from their program of study.

Student Affirmation, International Students Only (mandatory) I confirm that I am aware of the implications of my leave of absence on my Canadian study permit and future post-graduation plans and I am not relying on any representation of the University or the Office of Graduate Studies with respect to such implications.

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|----------------------------------|--------------------|-----------------------------------|
| _____ Student (Name) | _____ Signature | _____ Date of Request |
| _____ Program Director (Name) | _____ Signature | _____ Date of Program Approval |

OFFICE OF GRADUATE STUDIES USE ONLY

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|-------------------------------|---|--|
| DATE RECEIVED BY OGS _____ | OGS DETERMINATION <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved | OFFICE OF GRADUATE STUDIES SIGNATORY Signature _____ Signatory (Name) _____ Date signed _____ |
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