



LEAVE OF ABSENCE REQUEST FORM

Student #: _____ Last Name: _____ First Name: _____

Degree/Program: _____ Leave of absence requested from: _____ to _____
Date (first day of term) Date (last day of term)

Type of Leave Requested:

Medical (*attach doctor's note*)

Parental

Personal

Concurrent (*to pursue another program*)

Written Request for Leave Attached: The student must indicate why he or she requires time completely away from his or her academic responsibilities. A copy of the student's written request, either an email or memo, must be submitted with this form.

Does student have any awards? **Yes** **No**

Important Information (*please read before signing*)

- A leave will begin on the first day of the term, for a period of four, eight or twelve months.
- It is understood that students with on-leave status will not undertake any academic or research work, or use any of the University's facilities during the period of leave.
- Retroactive leave of absence requests are not normally approved by the College of Graduate Studies. The expectation is that the request for a leave of absence (excluding medical leave) will occur prior to the start of the term.
- Graduate students on leave are not eligible to receive awards. Please contact Awards and Financial Aid for more information.
- Student fees, including the extended Health/Dental fees, are automatically reversed for the duration of your leave of absence. If you need the UBCSUO extended Health and Dental plan during your leave, please contact the Students' Union (www.ubcsuo.ca) prior to your leave, to opt-in and ensure you have extended Health/Dental coverage. Please also contact the Students' Union if you plan to opt-in to the UBCSUO extended Health and Dental plan upon your return from leave.
- Students must inform the University immediately upon return.

International students please refer to the following for more information on leaves of absence:

<https://gradstudies.ok.ubc.ca/academics/leaves-withdrawals/>

This form will not be processed for students who have outstanding fees.

LEAVE OF ABSENCE APPROVAL (*All signatures are required*)

(The student's signature may be confirmed by email, indicating the student agrees with the terms of this form.)

Student: _____
Print Name Signature Date

Research Supervisor: _____
Print Name Signature Date

Program Coordinator/Head: _____
Print Name Signature Date

College of Graduate Studies use only

Dean of Graduate Studies: _____
Print Name Signature Date