



Graduate Studies Application for Leave of Absence

Any personal information collected on this form is protected under the Freedom of Information and Protection of Privacy Act. The information you provide will be used to update your OCAD U records. These records are only viewed by OCAD U administrative staff and are not released to any other parties.

Name: _____ **Student Number:** _____

Email address: _____ **Program:** _____

Current Status: Full-time Part-time

First term of Registration: Fall (F) Winter (W) Spring/Summer (S) Year: _____

The term you wish the Leave of Absence (LOA) to begin: F W S

Student's Signature: _____ **Date:** _____

Part A. Application Procedure

Application Deadline: 30 days before the start of the term for which the request is being made.

Students are expected to maintain continuous registration (cf. Graduate Studies Policy #6004). However, a student may apply to go on leave if both of the following conditions obtain:

- a. a situation arises which makes it necessary to interrupt the graduate program, and
- b. no substantial use will be made of university facilities.

Applications for an LOA must be submitted to the Graduate Program Director for approval. You may not apply for an LOA in order to reduce tuition fees. If you have unsatisfactory or incomplete grades, you may not be eligible for an LOA.

Submission and Approval Procedure:

You must submit to your Graduate Program Director:

- This application form
- A letter providing detailed reasons for the application (and substantiating documents where appropriate. If the application is health related, a medical certificate or similar medical documentation may be required.

The Program Director will make a recommendation to the Dean of Graduate Studies.

An approval or disapproval will be sent to you via the e-mail address indicated above.

You must keep a copy of this form for re-submission of Part B when you are returning from the LOA.

Principal Advisor:
 Approved Denied Signature: _____ Date: _____

Committee Member:
 Approved Denied Signature: _____ Date: _____

Graduate Program Director:
 Approved Denied Signature: _____ Date: _____

Dean of Graduate Studies:
 Approved Denied Signature: _____ Date: _____



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Part B. Registration/Reinstatement Procedure:

Submit this form to the Office of Graduate Studies 30 days before your return to your program of study.

Program Name:

Status at the time the LOA was granted: P/T F/T

Term in which you wish this change request to be effective:

F W S Year:

Student's signature:

Date:

Note: Should you fail to return in the Term specified above, you will be considered Withdrawn from the Program and will receive written notification to that effect.