



Graduate Studies Parental Leave of Absence Form

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.

As per the Graduate Studies Progress, Withdrawal and Leave Policy #6009, parental leave may be taken by an enrolled graduate student at the time of pregnancy, birth or adoption, and/or to provide full-time care during the child's first year. Parental leave must be completed within twelve months of the date of birth or custody. Parental leave can be taken for a maximum of three semesters.

To be completed by the student	
Last Name:	First Name:
Student ID Number:	Email address:
Program:	
Current Status:	Full-time Part-time
Indicate the term you wish your Parental Leave to commence:	Fall Winter Spring
Year:	
Expected date (term and year) of return to the program:	
Signature:	Date:

Part A. Application Procedure

Application Deadline: 30 days before the start of the Parental Leave of Absence (PLOA).

You must complete the application form and acquire the signatures of your Principal Advisor and Committee Member (where applicable) before submitting the form to the Graduate Program Director for final approval. We reserve the right to request documentation outlining expected delivery/adoption/custody dates.

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

Approvals (in order)	
1. Principal Advisor	
Name:	
Signature:	Date:
2. Supervisory Committee Member (if applicable)	
Name:	
Signature:	Date:
3. Graduate Program Director	
Signature:	Date:



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Part B. Registration/Reinstatement Procedure:

In order to return to regular status in your program, you must submit this form to the Office of Graduate Studies 60 days before the planned date of return to your program of study, as indicated in Part A.

To be completed by the student	
Last Name:	First Name:
Student ID Number:	Email address:
Program:	
Commencement of Parental Leave of Absence: Fall Winter Spring	
Year:	
Date (term and year) of return to the program:	
Signature:	Date: