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Office of the Registrar
 230 Richmond St. W., Level 5, Toronto, ON Canada M5V 3E5
 TELEPHONE: 416.977.6000, ext. 235 FACSIMILE: 416.977.4201
 EMAIL: regservices@ocadu.ca

Undergraduate Students Request 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 not released to any other parties.

Submit this form to the Office of the Registrar, 230 Richmond St W, Level 5 (regservices@ocadu.ca). Correspondence regarding your request will be sent to your OCAD U student email address.

A leave of absence may be taken for a maximum of 6 terms (2 years). Undergraduate students who are absent from OCAD University for more than 6 consecutive terms (2 years) are deemed inactive and must request approval through the readmission process should they wish to resume studies at OCAD U.

If you are an international student and have questions regarding your status as an international student at OCAD University, please contact the International Student Services Office (international@ocadu.ca).

Last Name:		First Name:		Former Name (if applicable):		OCAD U Student Number:		
Apt. / Unit #:	Street Number and Name::			City / Province:		Postal Code:		
Mobile Phone Number:		Personal / Other Phone Number:		Personal Email:				
Enter the term and year you wish the Leave of Absence to begin: <input type="checkbox"/> Fall ____-____ <input type="checkbox"/> Winter ____-____ <input type="checkbox"/> Spring/summer ____-____								
Reason for Leave of Absence:			<input type="checkbox"/> Medical			<input type="checkbox"/> Parental Leave		
<input type="checkbox"/> Other Please Explain: _____ _____								
Enter the term and year of your expected return:			<input type="checkbox"/> Fall ____-____		<input type="checkbox"/> Winter ____-____		<input type="checkbox"/> Spring/summer ____-____	
_____				_____				
Student Signature				Date				
OFFICE USE ONLY								
<input type="checkbox"/> Effective: _____ _____ <div style="display: flex; justify-content: space-around;"> Signature Date </div>								
Received by:		Date Received:		Fees Owing/Holds:		Date Processed:		