Print Form

FACULTY OF GRADUATE STUDIES
500 Glenridge Avenue
St. Catharines, ON L2S 3A1
Tel: 905-688-5550
Fax: 905-688-0748
Website: http://www.brocku.ca/graduate-studies

REQUEST FOR LEAVE OF ABSENCE

IMPORTANT: ***This form must be submitted to Faculty of Graduate Studies at least 3 weeks before the beginning of the term for which this request applies.***

REQUESTING LEAVE OF ABSENCE COMMENCING: **FALL 20___** **WINTER 20___** **SPRING 20___** **SUMMER 20___(MEd Only)**

LEAVE OF ABSENCE TO BE COMPLETED AT THE END OF: **FALL 20___** **WINTER 20___** **SPRING 20___** **SUMMER 20___(MEd Only)**

STUDENT NUMBER: _____

Name: _____

Degree: _____ Program: _____

Brock E-mail Address: _____

Number of Terms Registered: ☐ Full-time ☐ Part-time

Supervisor: _____

Student Statement:
Please present your appeal for Leave of Absence below, outlining the reasons for this request. This form should be submitted to your program supervisor(if applicable) then to your Graduate Program Director.

_____

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Brock University's policy is that graduate students are not granted more than three terms of Leave of Absence under normal circumstances. If you have already had three terms of Leave of Absence; please indicate why an exception should be made to this policy.

_____

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_____

Student's Signature *Date*

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of the University and its programs and services. Questions about this collection should be addressed to the Director, Faculty of Graduate Studies, Brock University, St. Catharines, Ontario, L2S 3A1, 905-688-5550.

SUPERVISOR'S REPORT AND RECOMMENDATION

Please complete this form and forward it to the Graduate Program of your program within one week.
Do you recommend approval of this request? Yes ☐ No ☐
Please give reasons:

_____

_____

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_____

Supervisor's Signature *Date*

GRADUATE PROGRAM APPROVAL

_____

Graduate Program Director *Date*

FACULTY OF GRADUATE STUDIES APPROVAL

_____

Director, Faculty of Graduate Studies *Date*

For Office Use Only:

DE-REGISRATION ☐ GRSEG CODE ☐ GRSEG TIME ☐ ITS/LIB/IRC/UNIX/GSA ☐ FINANCE ☐ FUNDING ☐ Med DEGREE ROUTE ☐

STUDENT ☐ DEPARTMENT ☐ SUPERVISOR ☐ FILE ☐