

Guidelines for Leaves

The regulations governing leaves of absence reflect the following principles:

A leave of absence is normally permitted only when circumstances prevent a student from making progress on any of his/her graduate program requirements; work toward such ends is not permissible during the leave.

- (a) Normally a maximum of 1 leave
- (b) Duration of leave normally to be a maximum of 12 months
- (c) That leave only be granted for the following reasons:

Academic Reasons

- i) Advisor/Supervisor absent from university
- ii) Required course(s) not offered
- iii) Equipment failure/repair

Family Reasons

- i) Pregnancy / birth / adoption of a child
- ii) Unusual or exceptional family care responsibilities

Employment Reasons

Relocation period resulting from transfer of employment to different location

Medical Reasons

Medical certification of inability to pursue studies for the duration of the requested leave

Financial Reasons

Change in material circumstances

- (d) Applications for leave should normally be made before the end of the registration period in the first semester for which a leave is requested. **Requests received after the end of the regular registration period, and approved, will be charged a \$25.00 administration fee.**
- (e) Applications for leave will be considered, and may be granted, by the Dean. A semester-by-semester summary of leaves granted will be forwarded to Academic Council for information. Denied leaves will be appealed through normal channels.
- (f) International Students on leave are eligible to stay in Canada for maximum 150 days but are not eligible to work on or off campus. If your leave is longer than 150 days then you will need to apply for a visitor status or leave Canada prior to 150 days. If you follow these regulations, then you will be considered in compliance with the immigration regulations. If you are on medical leave, please ensure you have necessary medical notes for your own record. If you require further clarification, please consult with the Internationalization Office at international@mun.ca.

Note 1: Requests for leaves for reasons other than the above should be submitted to the Executive Committee of the Academic Council, School of Graduate Studies.

Note 2: If you are currently receiving financial support, we cannot guarantee that this support will be available when you return from your leave of absence. (You should clarify this with your supervisor before you submit a request for leave.)

Note 3: Students are advised that no progress may be made in the graduate program while on a leave of absence.

REQUEST FOR LEAVE OF ABSENCE

Adobe Reader, minimum version 8, is required to complete this form. Download the latest version at <http://get.adobe.com/reader>.

(1) Save the form by clicking on the diskette icon on the upper left side of the screen; (2) Ensure that you are saving the file in PDF format; (3) Specify where you would like to save the file, e.g. Desktop; (4) Review the [How to create and insert a digital signature](#) webpage for step by step instructions; (5) Fill in the required data and save the file; (6) Send the completed form by email to: sgs@mun.ca. I hereby request a leave of absence from the School of Graduate Studies.

Student Information			
MUN #:	Last Name:	First Name:	Middle Name:
Academic Unit:		Degree:	
Admission Date:		Leave Start/End Dates:	
Dates of any Previous Leaves of Absence Granted (Please indicate below)			
Indicate what has been completed in your program to date and what is left to complete			
Reason(s) for a Leave Request (Check all that apply)			
Academic	Medical	Financial	
Maternity	Family	Other	
Parental	Employment		
Outline of the Reason(s) for the Leave Request			
Use an additional sheet if necessary. Extenuating circumstances should be authenticated with appropriate documentation, such as a letter from an employer, a supporting statement by a medical practitioner defining the medical problem, etc.			
Student Signature			
Signature:		Date:	
Supervisor and Department Head/Graduate Officer/Assistant or Associate Dean/Director (as appropriate)			
Comments:			
Leave supported	Not supported	Leave supported	Not supported
Supervisor Signature:		Associate Dean, Graduate Studies (Medicine) Signature:	
Date:		Date:	
Dean/Associate Dean of Graduate Studies			
Comments:			
Recommendation/Decision:			
Granted		Denied	
Signature:		Date:	
Decision of Academic Council Executive (if recommendation made by the Dean/Associate Dean)			
Leave should be		Granted	Denied

Memorial University protects privacy and maintains the confidentiality of personal information. The information requested in this form is collected under the general authority of the Memorial University Act (RSNL1990CHAPTERM-7). It is required for administrative purposes of the School of Graduate Studies. If you have any questions about the collection and use of this information please contact the School of Graduate Studies at 709.864.2445 or sgs@mun.ca.