



FACULTY OF GRADUATE STUDIES
 1812 Sir Isaac Brock Way
 St. Catharines, ON L2S 3A1
 Tel: 905-688-5550 ext. 4490
 Fax: 905-688-0748
 Email: graduatestudies@brocku.ca

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 ____

LEAVE OF ABSENCE TO BE COMPLETED AT THE **END OF TERM:** FALL 20 ____ WINTER 20 ____ SPRING 20 ____

STUDENT NUMBER: _____

Name: _____

Degree: _____ Program: _____

Brock E-mail Address: _____

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

Status in Canada: Canadian Citizen _____ Permanent Resident (landed immigrant) _____ Other (Visa) _____

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.

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.

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: _____

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-REGISTRATION GRSEG CODE GRSEG TIME (VISA) GSA, UHIP, Gail Pickles FUNDING FINANCE
 STUDENT PROGRAM SUPERVISOR FILE Med DEGREE ROUTE: _____