

Application for Regular Leave of Absence

KILLAM CENTRE FOR ADVANCED STUDIES 2-29 TRIFFO HALL				780.492.3499 Fax: 780.492.0692 w.ualberta.ca/graduate-studies/
Student ID	Student Last Name, First Name			
Department			Degree Pro	ıgram
Graduate Studies and Res	earch. ly be considered for do	ocumented compelling reasons. R		orting documentation to the Faculty of t matters, please see your employer
Start Date of Leave:	R	eturn Date:	Previous leave? If yes, typ	e of previous leave
 Type of Leave: Regular Leave (attach a clear explanation of why this leave is being requested.) Requires approval of Dean, FGSR A student is permitted to take one regular leave for no more than one year total in their program. The leave period must coincide with full terms The regular leave will be included in the time period allowed for the completion of this program of study 				
 To be completed by student: I understand and agree that: I have provided all appropriate documentation to the department and to the FGSR. The University of Alberta will maintain a graduate student position for me until the return date of the approved leave. FGSR will add registration in M REG 900 during my leave, and I will be assessed off-campus non-instructional fees Students on Regular Leave may opt in to additional non-instructional fees through the Registrar's Office website, and/or to GSA Health and Dental Plan website. To reinstate my thesis-based graduate program, I will be required to register for the term in which I return from the Leave of Absence. To reinstate my course-based graduate program, I will be required to register in one term of the academic year in which I return from the Leave of Absence. While on an approved leave of absence, the student is not to work on their program of study or engage in thesis research/activities. In instances where a student is found to be working on their program while on approved leave, FGSR may rescind the leave, add appropriate registration and fees, 				
and update time in program to include this period. This would result in the student having to pay full fees and would cost time in program." (See <u>updates to the calendar</u> , in effect for Spring 2020)				
Student's Signature *By signing this form, I agree that all information provided is true and complete. Date (MMM DD, YYYY)				
Supervisor		Signature		Date (MMM DD, YYYY)
Graduate Coordinator/ Dept Chair		Signature		Date (MMM DD, YYYY)
Personal information on this form is collected under the authority of Section 33(c) of Alberta's Freedom of Information and Protection of Privacy Act for authorized purposes including admission and registration; administration of records, scholarships and awards, student services; and university planning and research. Students' personal information may be disclosed to academic and administrative units according to university policy, federal and provincial reporting requirements, data sharing agreements with student governance associations, and to contracted or public health care providers as required. For details on the use and disclosure of this information call the Faculty of Graduate Studies and Research at 780-492-3499 or see http://www.ipo.ualberta.ca/				
Faculty of Graduate Studi O Leave granted	es and Research use or Start Date:	Return Date:	O Awards	O Program fee (T-B program)
O Leave declined	Reason:	ension O Ado	Signatu	O Registration removed are & Date