

Use this form to request a leave of absence, course drop after the academic drop deadline and/or course withdrawal under extenuating circumstances. Complete Parts I, II and III.

Student Name \_\_\_\_\_ Student Number \_\_\_\_\_

Home Department \_\_\_\_\_ Current Program \_\_\_\_\_

## PART I – Identify the nature of your request

### ™ LEAVE OF ABSENCE WITH PERMISSION OR PERSONAL LEAVE

- x Leaves are available to students after completion of a minimum of one term.
- x All courses taken during a period of leave will be dropped – a separate course drop request is not required.
- x Students cannot undertake any form of academic work during a leave.
- x Tuition fees are not assessed during leaves. If the leave is approved, fees already assessed for the relevant term will be reversed.

1. For which term are you requesting a leave?

\_\_\_\_\_ SEP-DEC 20 \_\_\_\_\_

2. What type of leave are you requesting?

### ™ COURSE DROP AFTER ACADEMIC DROP DEADLINE

If the academic drop deadline has passed, submit this form. Before the academic drop deadline, courses must be dropped by the student through My page.

Course number: \_\_\_\_\_ CRN: \_\_\_\_\_ Term: \_\_\_\_\_

**TM COURSE WITHDRAWAL UNDER EXTENUATING CIRCUMSTANCES (WE)**

Students may request a WE on a course-by-course basis. A course with a WE notation remains on the student's record but does not factor into the grade point average. This option is only available for courses taken as of May 2013.

&RXUVH QXPEHU CRN \_\_\_\_\_ Term \_\_\_\_\_  
 &RXUVH QXPEHU CRN \_\_\_\_\_ Term \_\_\_\_\_  
 Course number \_\_\_\_\_ CRN \_\_\_\_\_ Term \_\_\_\_\_

**PART II – Supporting Information – complete either section A or section B**

6HFWLRQ \$ ± 3URIHVVLQRQDO 6WDWHPHQW RI 6XSSRUW  
 +HDOWK RU FRXQVHOOHQJ SURIHVVLRQDOV SOHDVH FRPSOHWH WKH  
 %DVHG RQ WKH LQIRUPDWLRQ DYDLODEOH WR GRHQRW VFDODLXOEWQIWB  
 LQ VWXGLHV GXULQJ WKH SHULRG RI OBYH DW UHTXHVWHG DERYH  
 &RQDFW ,QIRUPDWLRQ RU 2IILFH 6WDPS

Name of professional \_\_\_\_\_ Signature of Professional \_\_\_\_\_ Date \_\_\_\_\_  
 S O H S D J V L Q W

**6HELRQ % ± ([SODQDWLRQ RI &LUFXPVWDQFHV**

In the event that Section A cannot be completed, please provide an explanation of the circumstances surrounding the request. Please do not provide clinical details: a Professional Statement of Support (in Section A above) is sufficient to establish the fact of illness or injury. In the case of a death in the immediate family, an obituary or memorial notice is acceptable as documentation.

**PART III – Signature V**

\_\_\_\_\_  
 6WXGHQW V 1DPH                      6WXGHQW V 6LJQDWXUH                      'DWH  
 \_\_\_\_\_  
 6XSHUYLVRU V 1DPH                      6XSHUYLVRU V 6LJQDWXUH                      'DWH  
 \_\_\_\_\_  
 \*UDGXDWH \$GYLVRU V 1DPH                      \*UDGXDWH \$GYLVRU V 6LJQDWXUH                      'DWH

TKBQLYHBIPLWZLUDROOHRWSUVRQDROUPIRWLGHQSRRVSHURYLGGQFDWHRUQDWHLWQIRUPDWLRQXQWIGFRWKJHHGRP  
 RIQIRUPDWLRQDGGULYDFWFRXLKDYHTXHVWLRQDFHLEORVZRXSJHUVLRQDROUPIDWLRQGGHGFRIQVSDJLWDFLQIR#XYLF FD