

Request for Extended Leave for Full Time Students

This form, with appropriate signatures, must be returned to the School of Graduate Studies.

Note: This form is to be completed by full time graduate students who are, or will be, conducting their research activities / studies off-campus for a period greater than four weeks.

Full time graduate students are expected to be geographically available to be eligible for funding. If a student is planning on doing research activities off campus for a period greater than four weeks, students should outline the reasons for being off campus and a short research plan to be eligible to receive funding from Trent University.

Graduate students requesting an extended leave:

- must have registered for the term and be in good standing
- must have paid the term's fees, and must not have an outstanding student account balance
- must maintain continuous registration during the extended leave; or apply for a leave of absence or withdrawal
- meet periodically with your supervisor(s) and supervisory committee throughout the term(s)
- must complete the annual progress report
- must make continuous progress toward research activities
- must not be receiving paid work for more than 10 hours per week

Student Name:**Student Number:****Graduate Program:****Student Email Address:****Supervisor(s) Name:****Duration (Start and End Date):**

Students travelling outside of Canada must register through the myTrent portal for the Emergency Program: myTrent > Academics > Study Abroad > Emergency Program.

Did you register for the Emergency Program?

☐ Yes

Reason for request. Outline the reason(s) for requesting an extended leave and provide a plan of study that outlines how you expect to satisfy the program requirements. The plan of study must have a time frame. (If your reasoning and plan of study cannot fit in the box below, please attach as a separate document)

Student Signature:

Date:

I approve the above request to have the student complete their research activities off campus. I am aware that periodic meetings and consultation are required, as well as the completion of the annual progress report.

Supervisor Signature:

Date:

Program Director Signature:

Date:

Graduate Studies Dean Signature:

Date:

The information on this form is collected under the authority of the Trent University Act, 1963 and is needed to document your request. The information will be used to officially record your request and to update your academic record if your change is granted. If you have any questions about the collection, use or disclosure of this information by the University, please contact the University Registrar, Office of the Registrar, Blackburn Hall, 705-748-1215, registrar@trentu.ca.