



Trent University
School of Graduate Studies
**Request for Leave of
Absence**

This form, with appropriate signatures must be returned to the School of Graduate Studies. Requests for a leave of absence will only become effective in the following academic term except under unforeseen circumstances. Requests will not be approved retroactively.

A leave of absence, if granted, will be up to a maximum of one year, beyond which the student will be withdrawn from the program of study. There is a minimum period of registration beyond the leave of absence equal to one term (even if degree requirements are met before that date).

Students on a leave of absence will not be on campus (involved in activities related to graduate courses or the thesis) for the duration of their leave of absence, will receive no supervision and will not use any university facilities (i.e., library, laboratories, computers, or receive any type of supervision through correspondence).

Graduate academic work of any kind during the approved leave will not be pursued.

| | | | |
|---|--|-----------------------|--|
| I hereby request a leave of absence of the following number of term(s): (Maximum of 3) | | | |
| Surname | | Given Name(s) | |
| Student Number | | Email | |
| Graduate Program ("Home") | | Supervisor(s) Name(s) | |
| Outline the reason(s) for requesting a leave of absence. | | | |
| | | | |
| I certify that I will not be on campus (involved in activities related to graduate courses or the thesis) for the duration of my leave of absence, will receive no supervision and will not use any university facilities (i.e., library, laboratories, computers, or receive any type of supervision through correspondence). I will not pursue graduate academic work of any kind during the leave. | | | |
| Student Signature | | Date | |
| I certify that my student will not be on campus (involved in activities related to graduate courses or the thesis) for the duration of their leave of absence, will receive no supervision and will not use any university facilities (i.e., library, laboratories, computers, or receive any type of supervision through correspondence). | | | |
| Supervisor Signature | | Date | |

I approve the above request for a leave of absence from their graduate program.

| | | | |
|-------------------------------|--|------|--|
| Program Director Signature | | Date | |
|-------------------------------|--|------|--|

I approve the above request for a leave of absence from their graduate program.

| | | | |
|---------------------------------------|--|------|--|
| Dean of Graduate Studies Signature | | Date | |
|---------------------------------------|--|------|--|

The information on this form is collected under the authority of the Trent University Act, 1963 and is needed to document your leave request. The information will be used to officially record your leave request and to update your academic record if your leave 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.

Trent University, School of Graduate Studies, Peterborough ON, CANADA K9L 0G2 Phone: 705.748.1011 x 7245