

**REQUEST FOR LEAVE OF ABSENCE**

A LEAVE OF ABSENCE IS APPROVED ONLY FOR SERIOUS REASONS SUCH AS ILLNESS, FINANCIAL DIFFICULTY, OR OCCUPATIONAL/FAMILY OBLIGATIONS. IT IS UNDERSTOOD THAT THE STUDENT WILL BE TOTALLY INACTIVE WITH RESPECT TO HIS STUDIES DURING THE LEAVE.

NOTE: THE GRANTING OF LEAVE DOES NOT EXTEND THE TIME ALLOTTED TO THE COMPLETION OF THE PROGRAM REQUIREMENTS. PLEASE CONSULT THE GENERAL REGULATIONS OF THE GRADUATE AND POSTDOCTORAL STUDIES.

STUDENT IDENTIFICATION					
SURNAME	GIVEN NAME	STUDENT NUMBER			
EMAIL	ACADEMIC UNIT/DISCIPLINE			DIPLOMA	MASTER'S
PROGRAM REQUIREMENTS NOT YET COMPLETED					
LAST TERM OF REGISTRATION	FALL <small>YEAR</small>	WINTER <small>YEAR</small>	SPRING - SUMMER <small>YEAR</small>		
DURATION OF LEAVE REQUESTED (MAXIMUM 3 TERMS)	ONE TERM	TWO TERMS	THREE TERMS	DEADLINE FOR COMPLETION OF DEGREE REQUIREMENTS	<small>YEAR MONTH DAY</small>
RESUMPTION OF STUDIES (TERM)	FALL <small>YEAR</small>	WINTER <small>YEAR</small>	SPRING - SUMMER <small>YEAR</small>		
IF YOUR REQUEST IS FOR PATERNAL LEAVE, YOU ARE ENTITLED TO AN EXTENSION OF UP TO THREE TERMS OF YOUR TIME LIMIT TO COMPLETE THE REQUIREMENTS OF THE PROGRAM.					
IF YOU WOULD LIKE TO BENEFIT FROM THIS EXTENSION, PLEASE INDICATE THE NUMBER OF TERMS REQUESTED : _____					
REASONS FOR INTERRUPTION OF STUDIES (CLEARLY STATED WITH RELEVANT DOCUMENTS [EX.: MEDICAL CERTIFICATE, BIRTH CERTIFICATE])					