

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 FACULTY OF GRADUATE AND POSTDOCTORAL STUDIES.

STUDENT IDENTIFICATION					
SURNAME	GIVEN NAME			STUDENT NUMBER	
EMAIL	ACADEMIC UNIT/DISCIPLINE		COTUTELLE	DIPLOMA	MASTER'S PH.D.
PROGRAM REQUIREMENTS NOT YET COMPLETED					
LAST SESSION OF REGISTRATION	FALL <input type="text" value="YEAR"/>	WINTER <input type="text" value="YEAR"/>	SPRING - SUMMER <input type="text" value="YEAR"/>		
DURATION OF LEAVE REQUESTED (MAXIMUM 3 SESSIONS)	<input type="checkbox"/> ONE SESSION	<input type="checkbox"/> TWO SESSIONS	<input type="checkbox"/> THREE SESSIONS	DEADLINE FOR COMPLETION OF DEGREE REQUIREMENTS	<input type="text" value="YEAR"/> <input type="text" value="MONTH"/> <input type="text" value="DAY"/>
RESUMPTION OF STUDIES (SESSION)	FALL <input type="text" value="YEAR"/>	WINTER <input type="text" value="YEAR"/>	SPRING - SUMMER <input type="text" value="YEAR"/>		
IF YOUR REQUEST IS FOR PATERNAL LEAVE, YOU ARE ENTITLED TO AN EXTENSION OF UP TO THREE SESSIONS 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 SESSIONS REQUESTED : _____					
REASONS FOR INTERRUPTION OF STUDIES (CLEARLY STATED WITH RELEVANT DOCUMENTS [EX.: MEDICAL CERTIFICATE, BIRTH CERTIFICATE])					
EMAIL	DATE	SIGNATURE (STUDENT)			
AUTHORIZATIONS					
NAME (PRINT)	DATE	SIGNATURE (THESIS/RESEARCH SUPERVISOR)			
EMAIL	DATE	SIGNATURE (THESIS/RESEARCH CO-SUPERVISOR)			
NAME (PRINT)	DATE	SIGNATURE (DIRECTOR OF GRADUATE STUDIES - ACADEMIC UNIT)			
EMAIL	DATE	SIGNATURE (DIRECTOR OF GRADUATE STUDIES - ACADEMIC UNIT)			
FOR ADMINISTRATIVE USE					
POST CODE:	_____	APPROVED BY:		_____	
LAST REGISTRATION SESSION:	_____	DATE		SIGNATURE	
LEAVE START SESSION CODE	<input type="text" value="YEAR"/>	APPROVED NUMBER OF SESSION OF LEAVE:	DEADLINE FOR REGISTRATION ON RESUMPTION OF STUDIES		
				<input type="text" value="YEAR"/>	<input type="text" value="MONTH"/>
				<input type="text" value="DAY"/>	

ESUP-5222(E) PDF 2015/11