## Université d'Ottawa University of Ottawa

## **REQUEST FOR LEAVE OF ABSENCE**

STUDENTS MAY APPLY FOR TEMPORARY LEAVE FROM THEIR PROGRAM ONLY ON MEDICAL, COMPASSIONATE OR PARENTAL GROUNDS. IT IS UNDERSTOOD THAT DURING THE LEAVE, STUDENTS WILL NOT TAKE PART IN ANY ASPECT OF THEIR STUDIES.

FOR MORE INFORMATION, SEE ACADEMIC REGULATION II-3 - GRADUATE ENROLMENT.

| STUDENT IDENTIFICATION  |   |                                   |          |
|---|---|-----------------------------------|----------|
| LAST NAME   | FIRST NAME                                  | MIDDLE NAME                       |          |
| STUDENT NUMBER  | E-MAIL.                                     | @uOttawa.ca                       |          |
| ACADEMIC UNIT/DISCIPLINE  |   | DIPLOMA MASTER'S F                | PHD      |
| LAST ENROLMENT TERM FALL FALL   | WINTER                                      | YEAR         YEAR                 |          |
| DURATION OF LEAVE REQUESTED (MAXIMUM 3 TERMS)  ONE TERM   | TWO TERMS THREE TERMS                       | DEADLINE FOR COMPLETION OF DEGREE | DNTH DAY |
| RESUMPTION OF STUDIES FALL YEAR (TERM)  | WINTER                                      | YEAR YEAR SPRING - SUMMER         |          |
| ARE YOU THE RECIPIENT OF FUNDING FROM AN ADMISSION SCHOLARSHIP, EXTERNAL AGENCY (I.E., FROM A GOVERNMENT AGENCY) OR OTHER SCHOLARSHIP OR BURSARY PROGRAM? (YES NO )                         |   |                                   |          |
| IF YOU ANSWERED "YES", DESCRIBE THE SCHOLARSHIP(S):   |   |                                   |          |
| DO YOU RECEIVE GOVERNMENT-BASED FINANCIAL AID (SUCH AS OSAP)? (YES NO )  NOTE THAT A REQUEST FOR LEAVE MAY AFFECT THE AMOUNT YOU RECEIVE IN SCHOLARSHIP FUNDING OR IN FINANCIAL AID (OSAP). |   |                                   |          |
| REASONS FOR INTERRUPTION OF STUDIES (CLEARLY STATED WITH RE   | LEVANT DOCUMENTS [EX.: MEDICAL CERTIFICATE, | E, BIRTH CERTIFICATE])            |          |
|   |   |                                   |          |
| I HAVE READ AND UNDERSTAND THE REGULATIONS AND INSTRUCTIO<br>REQUEST FOR LEAVE. I CERTIFY THAT THE INFORMATION THAT I HAVE<br>ABOVE IS COMPLETE AND ACCURATE.                               | SUBMITTED                                   | SIGNATURE (STUDENT) DATE          |          |

## Notice of Collection of Personal Information

Your personal information is collected under the authority of the University of Ottawa Act, 1965, in accordance with the Freedom of Information and Protection of Privacy Act of Ontario and University Policy 90. The personal information you provide on this form will be used by the University for purposes consistent with the administration of University programs and activities, and the provision of services and performance of functions including recruitment, admission, enrolment, academic programs, evaluations, official document requests, financial aid and awards, assisting student associations and graduation. If you have questions about the collection, use and disclosure of your personal information, please contact InfoService at 613-562-5630 or infoservice@uOttawa.ca.

Office of the Registrar | Infoservice

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