

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 | YEAR | WINTER | YEAR | SPRING - SUMMER |
| DURATION OF LEAVE REQUESTED (MAXIMUM 3 SESSIONS) | ONE SESSION | TWO SESSIONS | THREE SESSIONS | DEADLINE FOR COMPLETION OF DEGREE REQUIREMENTS | |
| RESUMPTION OF STUDIES (SESSION) | FALL | YEAR | WINTER | YEAR | SPRING - SUMMER |
| 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 | APPROVED NUMBER OF SESSION OF LEAVE: | DEADLINE FOR REGISTRATION ON RESUMPTION OF STUDIES | | | |
| | | YEAR | MONTH | DAY | |

ESUP-5222(E) PDF 2015/11