

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 C-3.2 - LEAVES OF ABSENCE](#).

STUDENT IDENTIFICATION			
LAST NAME	FIRST NAME	MIDDLE NAME	
E-MAIL @uOttawa.ca		STUDENT NUMBER	
ACADEMIC UNIT/DISCIPLINE		DIPLOMA	MASTER'S PHD
LAST ENROLMENT TERM	FALL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	WINTER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	SPRING-SUMMER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR
DURATION OF LEAVE REQUESTED (MAXIMUM 3 TERMS)	ONE TERM	TWO TERMS	THREE TERMS
	DEADLINE FOR COMPLETION OF DEGREE REQUIREMENTS		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR MONTH DAY DATE
RESUMPTION OF STUDIES (TERM)	FALL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	WINTER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	SPRING-SUMMER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR
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).			
REASON FOR INTERRUPTION OF STUDIES (YOUR REQUEST MUST CLEARLY STATE THE REASONS FOR AND EXPECTED DURATION OF THE INTERRUPTION OF STUDIES, AND INCLUDE THE REQUIRED DOCUMENTS: MEDICAL CERTIFICATE, BIRTH CERTIFICATE, ETC.)			

I HAVE READ AND UNDERSTAND THE REGULATIONS AND INSTRUCTIONS ABOUT A REQUEST FOR LEAVE. I CERTIFY THAT THE INFORMATION THAT I HAVE SUBMITTED ABOVE IS COMPLETE AND ACCURATE.

SIGNATURE

YEAR MONTH DAY
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](#).

[Academic unit contact information](#)

