

This request must be submitted to the Graduate Studies Coordinator (<u>GradStudies@twu.ca</u>) by the Program Director or Coordinator (<u>@twu.ca</u>), in consultation with the requesting student.

STUDENT NAME:		STUDENT ID#:	STUDENT'S TWU EMAIL (@n	nytwu.ca)	
DEGREE/PROGRAM:					
Current Semester:	Fall	Spring	Summer	20	
Expected Return:	Fall	Spring	Summer	20	
REASON FOR REQUEST (*Documentation and/or an interview may be required)					
PROGRAM COMPLETION PLAN (Either type below or attached a list of semesters and corresponding courses to be taken upon return)					

By signing this form, the undersigned confirm that they understand the following:

- Further documentation or an interview may be required, as part of this request.
- If approved, the leave will be added to the student's academic record.
- There is no fee for a leave.
- University resources will be limited during a leave.
- There is no expectation of work product, either by the student or the supervisor, during a leave.
- Award payments may be suspended while the student is on-leave.
- The student may not hold student service appointments or sessional teaching appointments while on-leave.
- Students must return to current registration as a condition of being eligible for the scheduling of a defence.
- If the student does not return from leave, they may be eligible for withdrawal from their program of study.

Name of Student	Signature	Date
Name of Program Director/Equivalent	Signature	Date
FOR USE	BY THE OFFICE OF GRADUATE	STUDIES ONLY
Date this request form was received by	y the Office of Graduate Studies	from the graduate program:
The Vice Provost of Graduate Studies	approves / does not appro	ove this Leave of Absence request.
Sonya Grypma, PhD		
Vice Provost, Graduate Studies	Signature	Date