Acadia University - Division of Research, Innovation & Graduate Studies

**Leave of Absence**

**Name:** Click or tap here to enter text. **Student ID #:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Degree Program:** Click or tap here to enter text. **Supervisor:** Click or tap here to enter text.

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**To be completed by the student:**

**Type of leave requested**  **Proposed dates of leave**

Maternity/parental leave Start date: Click or tap here to enter text.

Illness\* End date: Click or tap here to enter text.

Compassionate leave

Employment leave

Other (Specify) Click or tap here to enter text.

\* Requests for leave due to illness must be accompanied by documentation from a certified health practitioner recommending temporary suspension of the student’s program.

I acknowledge, that if my leave of absence request is granted, I am responsible for withdrawing from any registered courses (except thesis, if applicable) during the leave period:

Signature of Student: Click or tap here to enter text. Date: Click or tap here to enter text.

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**To be completed by the Supervisor**

I support the student’s request for leave. YES  NO

Add any additional comments here: Click or tap here to enter text.

Supervisor Signature: Click or tap here to enter text. Date: Click or tap here to enter text.

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**To be signed by the Graduate Coordinator (or designate if the Graduate Coordinator is the supervisor):**

Graduate Coordinator/designate Signature: Click or tap here to enter text. Date: Click or tap here to enter text.

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Signed form to be emailed to [Theresa.starratt@acadiau.ca](mailto:Theresa.starratt@acadiau.ca)

\*Please note that requests for leave of absence, and any supporting documentation, will be stored electronically in the Division of Research, Innovation, & Graduate Studies for one (1) academic year and then deleted.