

**Leave of Absence Request Form**

A Leave of Absence can be requested for the remainder of the current semester and/or for an upcoming semester. Submit this form to [graduatestudies@nosm.ca](mailto:graduatestudies@nosm.ca) for review by the Assistant Dean, Graduate Studies. For more information about a Leave of Absence please consult the [Graduate Studies Student Handbook](#) (GS-004).

**Student Name:** \_\_\_\_\_ **Student Number:** \_\_\_\_\_

**NOSM University Email:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Graduate Program:** \_\_\_\_\_

- Indicate the reason for your request:**
- Compassionate grounds (explain in comments below)
  - Health problems (must be accompanied by a note from a health practitioner)
  - Gaining practical experience related to the program of study but not towards thesis or dissertation completion (explain in comments below)
  - Maternal/Paternal

Requested start date for your Leave of Absence:

- Upcoming term(s) requested:**
- Fall term – *specify* Year: \_\_\_\_\_
  - Winter term – *specify* Year: \_\_\_\_\_
  - Spring/Summer term – *specify* Year: \_\_\_\_\_

*The Supervisor and/or Supervisory Committee Member must provide adequate details in support of the request. Requests will be returned if the information provided is insufficient. Attach additional pages as required.*

**Supervisor comments:**  
 (Student progress, estimate time of completion) \_\_\_\_\_  
 \_\_\_\_\_

**Student comments:** \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
*Student Signature* *Date*

\_\_\_\_\_  
*Supervisor Signature* *Date*

\_\_\_\_\_  
*Assistant Dean, Graduate Studies Signature* *Date*

**(By signing this I acknowledge I have had a conversation with the student concerning a leave of absence)**

**Note:** The information obtained on this form shall be used only for the purpose(s) consistent with which it is collected. Any questions on this collection should be directed to the Research and Graduate Studies Office [graduatestudies@nosm.ca](mailto:graduatestudies@nosm.ca).