



Graduate Leave of Absence Request Form

Registrar's Office Halifax NS B3M 2J6 (902) 457-6117 FAX (902) 457-6498
graduate@msvu.ca

Student ID#	Last Name/Surname	First Name(s)/Given Name(s)		
Apartment/Street	Town/City	Province	Postal Code	
()				
Phone Number	MSVU Email Address			

Students with bona fide reasons, such as illness or parental leave, for not registering in one unit of credit in any academic calendar year (September to August) must apply for a leave of absence from the program by submitting a Request for Leave of Absence Form to the Registrar's Office, prior to the start of the term in which the leave begins. Prior to consideration of a leave of absence request students must discuss the request with their Thesis Supervisor (if applicable) and the Graduate Program Coordinator and establish a timeline for completion of their program of study. This timeline must be included with the request for a leave of absence. Students may normally be granted a leave for twelve months only once in their program. Students on leave of absence will not be permitted access to university services such as library privileges or e-mail nor be entitled to any kind of supervision during the period of their leave.

Requested leave dates: _____ to _____

Degree Program: _____

Have you previously been granted a deferral of admission, leave of absence, or extension during your current academic program? Are you a scholarship recipient? Please select all that apply.

☐ Leave of Absence Dates: _____ to _____

☐ Deferral Date: _____ ☐ Extension Date: _____

☐ Scholarship Recipient. Name of Scholarship: _____

Reason for leave of absence request: Please note: Medical reasons should be accompanied by a certificate from a qualified health practitioner confirming that the student requires a leave for medical reasons. Details of medical problems are NOT required.

Student Signature

Date

Please proceed to page two to complete next steps.

STEP 1: Timeline for Completion of Program of Study

Courses to be Completed

Course Number(s) & Title(s):

Expected Completion Date(s):

For thesis students:

Thesis Proposal Presentation:

Expected Completion Date:

Expected Thesis Defense date: _____

Student Signature

Date

Thesis Supervisor's Signature (if applicable)

Approval Date

The student must submit this completed form to their Graduate Program Co-ordinator for approval. (see Step 2)

STEP 2: Graduate Program Coordinator Approval

☐ Approved

☐ Not approved

Reason (if declined): _____

Graduate Program Co-ordinator's Signature

Approval Date

STEP 3: Director of Graduate Education/Department Chair Approval

Decision of the Director of Graduate Education/Department Chair:

☐ Approved

☐ Not approved

Reason (if declined): _____

Dates of approved leave: _____ to _____

Director of Graduate Education/Department Chair Signature

Approval Date

The Registrar's Office will copy the completed forms to: The Student, Thesis Supervisor (if applicable) and Graduate Program Coordinator (to be placed in the student's file)