

The requirement of continuous registration supports students toward the timely completion of their studies. However, the university recognizes that from time to time students may need to be absent from their studies. Leaves of Absence may not be used to pursue any activities which form part of a study plan (such as field experience, individual study, directed study or individual research), or for which any form of residual program credit might otherwise be requested.

Once on leave, students will not be registered and will not be required to pay fees. Students may not make demands upon the resources of the University (such as the library, laboratories or gym), attend classes, or expect advice from their supervisor. Students on leave will not be eligible to receive internal awards or funds from Nipissing University. In the case of other graduate student awards or funds, the regulations of the particular granting agency apply.

Except where noted and in special circumstances, it is not expected that a student will be granted more than one leave of absence. An elective leave of absence will only ever be approved once. Requests for a leave of absence must be received prior to the registration deadline of the term to be effective for that term. Requests received after the registration deadline will only become effective in the following academic term. Requests cannot be approved retroactively.

**Student Information:**

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

Program: \_\_\_\_\_

**Leave Details:**

LOA requested from: \_\_\_\_\_ to \_\_\_\_\_

**Previous Leaves Requested:**

How many leaves have previously been requested and approved? \_\_\_\_\_

**Type of Leave Requested:**

- |                                   |  |                                    |
|-----------------------------------|--|------------------------------------|
| <input type="checkbox"/> Elective | <input type="checkbox"/> Exceptional Circumstances | <input type="checkbox"/> Maternity |
| <input type="checkbox"/> Parental | <input type="checkbox"/> No Course Available       |                                    |

**Please attach a rationale for the request:**
**Approval of Faculty Advisor or Supervisor:**

_____ Name (print)	_____ Signature	_____ Date
-----------------------	--------------------	---------------

**Approval of Graduate Coordinator/Chair:**

_____ Name (print)	_____ Signature	_____ Date
-----------------------	--------------------	---------------

**Approval of Dean, Graduate Studies & Research:**

_____ Name (print)	_____ Signature	_____ Date
-----------------------	--------------------	---------------