

The continuous enrollment regulation supports students toward the timely completion of their studies. However, the University recognizes that 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 (e.g. 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 (e.g. 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 student awards or funds, the regulations of the particular granting agency apply.

Except where noted and in special circumstances, a student will not be granted more than one leave of absence. An elective leave of absence is only 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 become effective in the following academic term. Requests cannot be approved retroactively. **Please also attach a rationale for the leave of absence and a Progress Report (form 6) to this request.**

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 | |

Supporting Documents (please attach):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Rationale | <input type="checkbox"/> Progress Report |
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Approval of Faculty Advisor or Supervisor:

_____ Name (print)	_____ Signature	_____ Date
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Approval of Graduate Program Coordinator/Chair:

_____ Name (print)	_____ Signature	_____ Date
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Approval of Associate Dean, Graduate Studies

_____ Name (print)	_____ Signature	_____ Date
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Approval of Associate Vice-President, Research, Innovation & Graduate Studies:

_____ Name (print)	_____ Signature	_____ Date
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Please submit complete forms and supporting documents to the School of Graduate Studies at sgs@nipissingu.ca