



Student ID	Student Last Name, First Name		
Department		Degree Program	

For Maternity and/or Parental, Exceptional and Professional Leaves of Absence, the department and the student should complete and forward this form with supporting documentation to the Faculty of Graduate Studies and Research. For guidance on documentation, **see the [FGSR Graduate Program Manual](#)**.

A leave of absence will only be considered for documented compelling reasons; see type of leave below. Regarding leaves and employment matters, please see your employer and/or the [collective agreement governing graduate assistantships](#).

Start Date of Leave:	Return Date:	Previous leave? If yes, type of previous leave	
Type of Leave: (Must attach supporting documentation; refer to Section 7.11 of the Graduate Program Manual.) ☐ Maternity and/or Parental Leave (supplemental documentation required; must cover the dates specified. Leave will be granted for up to 20 months.) ☐ Exceptional Leave (supplemental documentation required; must cover the dates specified. Leave will be granted for up to 12 months.) ☐ Professional Leave (supplemental documentation required; must cover the dates specified. Leave will be granted for up to 12 months. Only 1 professional leave is permitted per program.) Requires approval of Dean, FGSR			
To be completed by student: I understand and agree that: 1. I have provided all appropriate documentation to the department and to the FGSR. 2. The University of Alberta will maintain a graduate student position for me until the return date of the approved leave. 3. I am not required to register during an approved leave of absence. 4. To reinstate my thesis-based graduate program, I will be required to register for the term in which I return from the Leave of Absence. 5. To reinstate my course-based graduate program, I will be required to register in one term of the academic year in which I return from the Leave of Absence. 6. The time limit for completion of the degree will be extended by the duration of any exceptional, maternity and/or parental or professional leave of absence." 7. I understand that I will be assessed fees for the all services I have requested on this form. Paying for services allows off campus access to NEOS Libraries' Licensed databases.		If desired, the following services* can be requested during the approved leave of absence, ** For the GSA Health and Dental Plans, the following applies depending on the enrolment term: • For Fall term, if you are full-time, you will be automatically opted-in to the plans with the choice to opt out. If you do not opt-out, you are required to pay the plan fees for a complete year. • For Winter term, if you were not enrolled full-time in the previous Fall term, then you will have the option of opting to the plans for a period of 8 months. OR, if you go on a leave of absence starting in Winter term, and you were not enrolled full-time in the previous Fall term, then you can ask to opt-in to the plans for a period of 8 months. • For Spring/Summer terms, if your leave of absence is limited to these terms, there is no ability to opt into the GSA Health and Dental plans. ☐ No services – no fees assessed ☐ Services 1-5 – fees assessed ☐ Service 1-6 – fees assessed ☐ Service 1-7 – fees assessed *Services are: 1. Student Academic Support 2. Student Health and Wellness 3. GSA Dental Plan** [Fees assessed in Fall & Winter terms only] 4. GSA Health Plan** [Fees assessed in Fall & Winter terms only] 5. Graduate Student Assistance Plan 6. UPass 7. Athletics and Recreation	
<i>While on an approved leave of absence, the student is not to work on their program of study or engage in thesis research/activities. In instances where a student is found to be working on their program while on approved leave, FGSR may rescind the leave, add appropriate registration and fees, and update time in program to include this period. This would result in the student having to pay full fees and would cost time in program." (See updates to the calendar, in effect for Spring 2020)</i>			
Student's Signature *By signing this form, I agree that all information provided is true and complete.		Date (MMM DD, YYYY)	
Supervisor	Signature	Date (MMM DD, YYYY)	
Graduate Coordinator/ Dept Chair	Signature	Date (MMM DD, YYYY)	

Personal information on this form is collected under the authority of Section 33(c) of Alberta's **Freedom of Information and Protection of Privacy Act** for authorized purposes including admission and registration; administration of records, scholarships and awards, student services; and university planning and research. Students' personal information may be disclosed to academic and administrative units according to university policy, federal and provincial reporting requirements, data sharing agreements with student governance associations, and to contracted or public health care providers as required. For details on the use and disclosure of this information call the Faculty of Graduate Studies and Research at 780-492-3499 or see <http://www.ipu.ualberta.ca/>

Faculty of Graduate Studies and Research use only:

☐ Leave granted	Start Date:	Return Date:	☐ Awards	☐ Elapsed time
☐ Leave declined	Reason:		☐ Fees	☐ Registration removed
☐ Admit Term:	☐ Extension	Signature & Date		