**MEng LEAVE OF ABSENCE REQUEST**

***STUDENT INFORMATION:***

|  |  |  |
| --- | --- | --- |
| **GIVEN NAME(S):** | **LAST NAME:** | **STUDENT NUMBER:** |

**IMPORTANT: International graduate students should consult** [**International Student Advising**](https://students.ubc.ca/about-student-services/international-student-advising) **before pursuing a Leave of Absence to discuss the impact on their ability to stay in Canada, study permit and future plans.**

Type of Leave Requested *(pick* ***ONE*** *type only)*:

Parental

*A graduate student who is bearing a child or who has primary responsibility for the care of an infant or young child is eligible for parental leave. Parental leave is normally limited to 12 months per childbirth or adoption (including multiples). Tip: Students requesting a parental leave of absence are encouraged to plan ahead for UBC Child Care Services*

Health  Supporting documentation from the clinician providing primary care or CfA is attached.

*A graduate student who encounters a health problem that significantly interferes with the ability to pursue his or her course of study is eligible for a leave for health reasons. Requests for a leave for health reasons must be accompanied by appropriate supporting documentation from the clinician providing primary care for the health problem or a letter from the Centre for Accessibility. A leave for health reasons is normally limited to 12 months.*

Professional Employer or activity:

*A graduate student who wishes to suspend his or her course of study in order to take a relevant work or professional development experience may be eligible for professional leave. Professional leave is normally limited to 12 months.* ***IMPORTANT****: International students cannot use their study permit to work during a leave of absence. Visit the* [*International Student Guide*](https://students.ubc.ca/international-student-guide) *for requirements to work in Canada.*

Personal Provide brief reason for requiring personal leave:

*A graduate student who encounters personal circumstances that significantly interfere with the ability to pursue his or her course of study may be eligible for personal leave. Personal leave is normally limited to 12 months.*

**Dates Requested:**

*A leave must begin on the first day of September, January, or May and will be granted for a period of 4, 8, or 12 months.*

Leave of Absence requested from:             to      

Month Year Month Year

**REQUIRED:** *Memo or email of student’s request for leave of absence, giving reasons for making the request*

**Is the leave request within UBC policy?** **Yes** **No**

*Maximum total duration of all leaves of absence allowed 12 months for master’s students. Health, professional, and personal leaves are each limited to maximum of 12 months for all students. Parental leave is limited to a maximum of 12 months per child for all students.*

**By signing below, I confirm that I have read the** [**On-Leave Status**](https://www.calendar.ubc.ca/vancouver/index.cfm?tree=12,204,341,191) **section of the UBC Academic Calendar. I understand that:**

*Access to the University’s facilities and resources, and to resources provided to students from outside UBC, is limited when students are on leave. Some resources may only be available under certain circumstances, while others may not be available at all. Students on leave are responsible for ensuring that they understand what resources will and will not be available to them.*

*The student is not permitted to undertake any academic or research work related to their program while on leave.*

*The student cannot hold student service appointments (TA) while on leave.*

**Student Affirmation: Domestic Students**

Name Signature Date (yyyy/mm/dd)

**Student Affirmation: International Students**

*By signing I confirm that I have read* [*“Take time away from your studies”*](https://students.ubc.ca/international-student-guide/immigration/taking-time-away-school-international) *and I am aware of the implications of my leave of absence on my Canadian study permit and future post-graduation plans.*

Name Signature Date (yyyy/mm/dd)

**Approval of MEng Program Advisor:**

Name Signature Date (yyyy/mm/dd)