

LEAVE OF ABSENCE REQUEST

First Name:		Last Name:	
Student Number:		Department:	
Leave of absence requested for term(s):			
New program end-date (limit is five years from start-date for both full-time and part-time):			
Please see the M.Eng. website Policies & Procedures for information on leaves of absence.			
It is understood that students with on-leave status will not undertake any academic or program related work, or use any of the University's facilities during the period of leave. Students must inform the University immediately upon return. Graduate students on leave must pay an on-leave fee.			
Type of Leave - Check one box:			
Parental Personal Concurrent (to pursue another program)			
Medical Attach copy of doctor's note for medical leave.			
Comments:			
Approval of Departmental Director of Professional Programs:			
Carmen Jensen	ignature	Group	Date (yyyy/mm/dd)
Approval of Departmental Graduate Program Advisor:			
Name S	ignature	Department	Date (yyyy/mm/dd)