



REQUEST FOR A LEAVE OF ABSENCE

According to the Advanced Degree Handbooks, a student who will not be continuing his or her involvement in the program for a period of time may maintain candidacy by requesting and receiving a leave of absence (§6.1.2 non-conjoint programs and §7.3 of the General Regulations of the Conjoint Graduate Degree Handbook). Leaves are normally granted for a year beginning in September or January. A student who desires a leave of absence for more than one year must submit a new petition for the second year. A maximum of two years of leave of absence may be granted as a matter of course. Further leave can be granted only by the GCTS for compelling compassionate reasons. Time taken out from the program under a leave of absence is not calculated towards the time limit for the completion of the program. A student on a leave of absence does not register, does not pay fees, has no library privileges, and may make no demands upon faculty resources. Students on leave are not part of the health and dental plans. Note, international students should consult with their college registrar regarding UHIP coverage.

Leaves beyond two years can be granted only by the GCTS for compelling compassionate reasons. Students in such circumstances should not use this form but should consult with their College AD Director.

Section 1: Student Information (to be completed by the student)

Last Name:		First Name:		Student Number:	
College of Registration: <input type="checkbox"/> EM <input type="checkbox"/> KN <input type="checkbox"/> RG <input type="checkbox"/> SM <input type="checkbox"/> TR <input type="checkbox"/> WY				Program:	
U of T Email:		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Month and Year of Admission:	
Date from which the leave is requested: <input type="checkbox"/> September <input type="checkbox"/> January Year: _____					
This is a request for <input type="checkbox"/> a FIRST Leave <input type="checkbox"/> a SUBSEQUENT Leave <input type="checkbox"/> an EXTRAORDINARY Leave					
Dates of previous leaves (if applicable)		From:		To:	
		From:		To:	
Reason for the Request: (Use the following space or submit a separate letter.)					
Declaration: By signing this form, I confirm that I have read §7.3 of the General Regulations of the Conjoint Graduate Degree Handbook or §6.1.2 of the GCTS Handbook for non-conjoint programs and understand the conditions of this request.					
Student's Signature:				Date:	

Section 2: Approvals

College AD Director's Signature:		Date:
TST GCTS Signature:		Date:

Personal information is collected for the purpose of admission, registration, academic programs, university-related student activities, activities of student societies, safety, financial assistance and awards, graduation and university advancement, and reporting to government.

Your Personal Information will be protected at all times.

If you have questions please contact the TST Registrar, Toronto School of Theology, 47 Queen's Park Crescent East, Toronto, ON, M5S 2C3 or call 416-978-4040.

Office Use:

Original: College Registrar Copies: Student College AD Director GCTS Office

Date Entered on ROSI: _____