



REQUEST FOR A LEAVE OF ABSENCE (DMin PROGRAM)

According to the DMin Handbook, 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 (§2.8). Leaves are normally granted for one year beginning in May, 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 one year of Leave of Absence may be granted under this paragraph. Further leaves can be granted only by the Academic Committee of the CSM for compelling compassionate reasons. The length of the Leave of Absence is not calculated towards the time limit for the completion of the program. Outstanding SDFs must be addressed prior to a leave of absence being approved. A student on Leave of Absence does not register, 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.

Section 1 of this form must be completed by the DMin Student using the fillable PDF function. Once the signature of the College Graduate Director is obtained, scan and send the signed form to the DMin office.

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				Month and Year of Admission:	
U of T Email:					
Date from which the leave is requested: <input type="checkbox"/> May <input type="checkbox"/> September Year: _____					
This is a request for <input type="checkbox"/> a FIRST Leave <input type="checkbox"/> a SUBSEQUENT 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 §2.8 of the DMin Handbook and understand the conditions of this request.					
Student's Signature:				Date:	

Section 2: Approvals

All leaves:

Please Indicate: Approved / Declined	College Graduate Director's Signature:	Date:
Please Indicate: Approved / Declined	DMin Director Signature:	Date:

Subsequent Leaves:

Please Indicate: Approved / Declined	Signature on behalf of Academic Committee of the CSM:	Date:
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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 Date Entered on ROSI: _____ Copies: <input type="checkbox"/> Student <input type="checkbox"/> College Graduate Director <input type="checkbox"/> DMin Office
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