



# REQUEST FOR A LEAVE OF ABSENCE

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 (see §6.1.2 of the MA-USMC, ThM, and PhD-USMC/ThD handbooks, or §A7.3 of the Graduate Conjoint 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 leaves 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. Conjoint 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 – Student Information (to be completed by the STUDENT)

Last Name:		First Name:		Student Number:	
College of Registration:			Program:		
UofT Email:		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Month and Year of Admission:	
Date from which the leave is requested: <b>YEAR:</b> _____, <b>MONTH:</b> <input type="checkbox"/> September <input type="checkbox"/> January					
This is a request for:			Dates of previous leaves (if applicable): (month/year)		
<input type="checkbox"/> a <b>FIRST</b> Leave <input type="checkbox"/> a <b>SUBSEQUENT</b> Leave <input type="checkbox"/> an <b>EXTRAORDINARY</b> Leave			From: _____ To: _____ From: _____ To: _____		
Reason for the Request (use the following space or submit a separate letter):					
<b>Declaration:</b> By signing this form, I confirm that I have read the "Leave of Absence" section of my program handbook (see references above) and understand the conditions of this request.					
Student Signature: _____					Date: _____

## Section 2 – Approvals

Please Indicate: <b>Approved / Declined</b>	College Graduate Director Signature:	Date:
Please Indicate: <b>Approved / Declined</b>	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:

- GCTS Office  Student  College Registrar  
 Date entered on ROSI: \_\_\_\_\_