



TORONTO SCHOOL OF THEOLOGY
CENTRE FOR THE STUDY OF MINISTRY

REQUEST FOR A LEAVE OF ABSENCE (DMin PROGRAM)

According to the DMin Handbook (§A7.3), a student who will not be continuing his or her involvement in the program for a period of time may maintain registration by requesting and receiving a Leave of Absence. A leave is normally granted for one year beginning in May or September for serious health or personal problems, or for parental leave. A maximum of one year of Leave of Absence may be granted under this paragraph. Further leaves can be granted only by the DMin Director (or GCTS Petitions Committee) for compelling compassionate reasons (such as additional parental leaves, or in exceptional circumstances). The length of the 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, has no library privileges, and may make no demands upon faculty resources.

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: EM KN RG SM TR WY				Month and Year of Admission:			
U of T Email:							
Date from which the leave is requested: May September Year: _____							
This is a request for a FIRST Leave 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 §A7.3 of the DMin Handbook and understand the conditions of this request.							
Student Signature:						Date:	

Section 2: Approvals

All leaves:

Please Indicate: Approved Declined		College Graduate Director Signature:		Date:	
Please Indicate: Approved Declined		DMin Director Signature:		Date:	

Subsequent Leaves:

Please Indicate: Approved Declined		Signature on behalf of GCTS Petitions Committee:		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: ☐ Student ☐ College Graduate Director ☐ DMin Office