

Application for Leave of Absence Maternity and/or Parental, Exceptional and Professional Leave

CILLAM CENTRE FOR 2-29 TRIFFO HALL	ADVANCED STUDIES		Phone: 780.492.3499 Fax: 780.492.0692 https://www.ualberta.ca/graduate-studies/							
Student ID	Student Last Name, First Name				·					
Department					Degree Program					
For Maternity and/or Parental, Exceptional and Professional Leaves of Absence, the department and the student should complete and forward this form with supporting documentation to the Faculty of Graduate Studies and Research. For guidance on documentation, see the <u>GPS Graduate Program</u> <u>Manual</u> . A leave of absence will only be considered for documented compelling reasons; see type of leave below. Regarding leaves and employment matters, please see your employer and/or the <u>collective agreement governing graduate assistantships</u> .										
Start Date of Leave:	Return Date:			Previous lea	ve? If yes, type of p	previous leave				
 Type of Leave: (Must attach supporting documentation; refer to Section 7.11 of the Graduate Program Manual.) Maternity and/or Parental Leave (supplemental documentation required; must cover the dates specified. Leave will be granted for up to 20 months.) Exceptional Leave (supplemental documentation required; must cover the dates specified. Leave will be granted for up to 12 months.) Professional Leave (supplemental documentation required; must cover the dates specified. Leave will be granted for up to 12 months.) 										
 leave is permitted per program.) Requires approval of Dean, GPS To be completed by student: I understand and agree that: I have provided all appropriate documentation to the department and to the GPS. The University of Alberta will maintain a graduate student position for me until the return date of the approved leave. I am not required to register during an approved leave of absence. To reinstate my thesis-based graduate program, I will be required to register for the term in which I return from the Leave of Absence. To reinstate my course-based graduate program, I will be required to register in one term of the academic year in which I return from the Leave of Absence. The time limit for completion of the degree will be extended by the duration of any exceptional, maternity and/or parental or professional leave of absence." I understand that I will be assessed fees for all the services I have requested on this form. NOTE: Paying for services does not allow off campus access to NEOS Libraries' Licensed databases. 				 If desired, the following services* can be requested during the approved leave of absence, ** For the GSA Health and Dental Plans, the following applies depending on the enrolment term: For Fall term, if you are full-time, you will be automatically opted-in to the plans with the choice to opt out. If you do not opt-out, you are required to pay the plan fees for a complete year. For Winter term, if you were not enrolled full-time in the previous Fall term, then you will have the option of opting to the plans for a period of 8 months. OR, if you go on a leave of absence starting in Winter term, and you were not enrolled full-time in the previous Fall term, then you can ask to opt-in to the plans for a period of 8 months. For Spring/Summer terms, if your leave of absence is limited to these terms, there is no ability to opt into the GSA Health and Dental plans. No services - no fees assessed Services 1-5 - fees assessed Services 1-7 - fees assessed Services are: Student Academic Support Student Academic Support GSA Dental Plan** [Fees assessed in Fall & Winter terms only] Graduate Student Assistance Plan UPass Athletics and Recreation 						
	<i>i</i> signing this form, I agree that	t all informatio	on provideo	l is true and	complete.	Date (MMM DD, YYYY)				
Supervisor		Signature				Date (MMM DD, YYYY)				
Graduate Coordinator/ Dept Chair Signature						Date (MMM DD, YYYY)				
	n is collected under the authority of Section 33 cords, scholarships and awards, student servic									

units according to university policy, federal and provincial reporting requirements, data sharing agreements with student governance associations, and to contracted or public health care providers as											
required. For details on the use and disclosure of this information call the Graduate & Postdoctoral Studies at 780-492-3499 or see http://www.ipo.ualberta.ca/											
Graduate & Postdoctoral Studies use only:											
O Leave granted	Start Date:	Return Date:		O Awards	O Fees	O Elapsed time					
O Leave declined	Reason:					Signature & Date					
O Admit Term:		O Extension	O Fees	O Registration r	emoved	-					