

Request for an authorized absence - GRADUATE PROGRAMS

NOTES:

- . Allow **two weeks** for the complete processing of the application.
- . For rules applicable to a leave of absence, please see the [Study duration rules](#).
- . Please use a **recent version of Acrobat Reader (version 9 or later)**. This form is **NOT compatible with AppleViewer**.

PART 1 - STUDENT

Complete and save the form, naming it based on your permanent code (e.g., ABCD12345678 - Extension) and **forward it directly** (by email) to your Research Director or [Program Director](#) (if you do not have a Research Director)

- . Add the person responsible for your file in the in the [Graduate Studies Office](#) as a CC recipient.
- . Attach a PDF version of your transcript (the PDF is available on the [Guichet interactif](#)).

PART 2 - PROFESSOR (to be completed on **page 2**)

- . Mark to indicate your recommendation and enter a comment.
- . Save and close the file, and then forward **the e-mail** received from the student to the person responsible for your file in the person responsible for your file in the in the [Graduate Studies Office](#)

PART 1 - STUDENT

IDENTIFICATION OF STUDENT

Last : name	First : name	Permanent code
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PROGRAM AND PROGRESSION

-> **Please enter the information as they appear in your file on [Cheminot](#)**

Type of program (choose)	Number of course credits completed	<input type="text"/>
	Number of research credits completed	<input type="text"/>
	Terms of extension already granted	<input type="text"/>
First term of registration in the program:	Year :	Terms of absence already granted
	Term :	Have you submitted your research subject registration form ?
Number of active terms in the program	<input type="text"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>

NAME OF YOUR RESEARCH DIRECTOR or of the PROGRAM DIRECTOR

Name :	Research director :	<input type="checkbox"/>
	Program director :	<input type="checkbox"/>

INDICATE THE TERM(S) FOR WHICH YOU ARE REQUESTING A LEAVE OF ABSENCE :

Year : Term : :	Year : Term: :	Year : Term: :
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Note:

An authorized absence signifies that your studies will be suspended for a maximum of three consecutive or non-consecutive sessions, and that these sessions can be completed at a later date.

Any request for an authorized absence must be justified by a valid reason, and must be substantiated by supporting documents.

An authorized absence must be validated by the Dean of Studies and the Registrar's office *before the end of the registration period for the first session of the absence*. Otherwise, the absence will be considered to be unauthorized (i.e.: the maximum length of time for completing your studies will not be extended). See Section 4.4.1 and 4.4.2 of the *By-Law Respecting Graduate and Doctoral Studies*.

PLEASE STATE THE REASONS WHY YOU NEED A LEAVE OF ABSENCE

(MANDATORY: IF YOU DO NOT PROVIDE A REASON, THE REQUEST WILL NOT BE TRANSMITTED)

PART 2 - PROFESSOR

RECOMMENDATION BY RESEARCH DIRECTOR or by the PROGRAM DIRECTOR

- I **recommand** the leave of absence
 I **do not recommand** the leave of absence

Comments (Use comments to provide a reason for your recommendation) :

Reminder: Save and close the file, and then forward the email received from the student ("Forward" button In Outlook) directly to the [person responsible for the program at the Graduate Studies Office](#).

* To edit and save the form, you must use Adobe Reader version 9 or later.
You may have received the form in PDF static (not editable) format or in an "image" (TIFF or other) format. In that case, please print the form, complete your section by hand, and send the form by internal mail.

APPROVAL BY THE DEAN OF STUDIES OFFICE

The leave of absence as recommended is granted rejected

Signature

Date

Remarks:

N.B. : For more information on the rules, please see [Graduate Study Regulations](#), Article 4.5.