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**Graduate Academic Concession**

Submit this completed form to your Graduate Secretary - to be forwarded to Graduate Admissions and Records Officer

**Use this form to request a leave of absence, course drop after the academic drop deadline and/or course withdrawal under extenuating circumstances. Complete Parts I, II and III.**

Student Name \_\_\_\_\_ Student Number V00 \_\_\_\_\_

Home Department \_\_\_\_\_ Current Program \_\_\_\_\_

**PART I – Identify the nature of your request**

❖ **LEAVE OF ABSENCE WITH PERMISSION OR PERSONAL LEAVE**

- Leaves are available to students after completion of a minimum of one term.
- All courses taken during a period of leave will be dropped – a separate course drop request is not required.
- Students cannot undertake any form of academic work or use any of the university's resources during a leave.
- Tuition fees are not assessed during leaves. If the leave is approved, fees already assessed for the relevant term will be reversed.

**1. For which term are you requesting a leave?**

JAN-APR 20\_\_\_\_\_  MAY-AUG 20\_\_\_\_\_  SEP-DEC 20\_\_\_\_\_

**2. What type of leave are you requesting?**

Personal Leave

Personal leave is normally arranged by the student through My page prior to the course add deadline. After this deadline, this form may be used: a \$35 manual registration fee will apply. Time taken on a personal leave will be counted toward the maximum time allotted to your degree completion.

**OR**

Leave of Absence with Permission

Time taken on a leave of absence with permission is not included in the time period for completion of the degree and deadlines will be adjusted accordingly. All other program requirements and academic unit expectations remain the same.

- Medical: you are suffering from illness or injury
- Compassionate: you are suffering from personal or family affliction
- Parental: you are expecting a child, and/or you have primary responsibility for the care of a child immediately prior to or following birth or adoption

**3. Are you the recipient of scholarship, fellowship or award funding (not including teaching or research assistantships)?**  Yes  No

**4. Do you hold an active Research Ethics Approval over the requested time frame?**  Yes  No

❖ **COURSE DROP AFTER ACADEMIC DROP DEADLINE**

If the academic drop deadline has passed, submit this form. Before the academic drop deadline, courses must be dropped by the student through My page. Requests for tuition refunds are considered by the Graduate Fee Reduction Appeals Committee <https://www.uvic.ca/vpfo/accounting/assets/docs/tuition/Appeal-fee-reduction-form.pdf>.

Course number: \_\_\_\_\_ CRN: \_\_\_\_\_ Term: \_\_\_\_\_ Instructor Signature \_\_\_\_\_

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❖ **COURSE WITHDRAWAL UNDER EXTENUATING CIRCUMSTANCES (WE)**

Students may request a WE on a course-by-course basis. A course with a WE notation remains on the student's record but does not factor into the grade point average. This option is only available for courses taken as of May 2013.

Course number: \_\_\_\_\_ CRN: \_\_\_\_\_ Term: \_\_\_\_\_

Course number: \_\_\_\_\_ CRN: \_\_\_\_\_ Term: \_\_\_\_\_

Course number: \_\_\_\_\_ CRN: \_\_\_\_\_ Term: \_\_\_\_\_

**PART II – Supporting Information** – complete either section A or section B

**Section A** – Professional Statement of Support

**Health or counselling professionals complete the following statement:**

Based on the information available to you, can you confirm the student's inability to engage in studies during the period of leave as requested above?  Yes  No

Contact Information or Office Stamp

Name of professional (please print) \_\_\_\_\_ Signature of Professional \_\_\_\_\_ Date: \_\_\_\_\_

**Section B** – Explanation of Circumstances

In the event that Section A cannot be completed, please provide an explanation of the circumstances surrounding the request. Please do not provide clinical details: a Professional Statement of Support (in Section A above) is sufficient to establish the fact of illness or injury. In the case of a death in the immediate family, an obituary or memorial notice is acceptable as documentation.

**PART III – Signatures**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty of Graduate Studies: \_\_\_\_\_ Date: \_\_\_\_\_