



University of Victoria
 PO BOX 3025, STN CSC
 Victoria BC V8W 3P2 CANADA
 Tel: (250) 472-4657 Fax: (250) 472-5420
 Email: garo@uvic.ca
www.uvic.ca/grad

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/students/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: _____