

## REQUEST FOR AUTHORIZED LEAVE

Authorized leave of absence from studies for up to one academic term can be provided in any exceptional situation that adversely affects a student's academic progress (including, any adverse impact on an international student's ability to comply with immigration regulations). It is a student's responsibility to present evidence supporting their request for authorized leave. The student is also responsible for any consequences associated with taking leave from studies, including any impact on academic progression and immigration-related cases alike. If a student's request for authorized leave is approved, information collected in this form shall become part of the student's record; and, whenever necessary, shall be disclosed to relevant academic and administrative departments at NorQuest College, including to Immigration, Refugees and Citizenship Canada (IRCC).

The personal information requested on this form is collected under the authority of section 65 of the Post-Secondary Learning Act and section 33(c) of Alberta's Freedom of Information and Protection of Privacy (FOIP) Act and will be used for the purpose of processing your request for an authorized leave. For information about the collection and use of this information, contact NorQuest International at 10215 108 Street NW, Edmonton, AB, T5J 1L6, international@norquest.ca.

Complete Sections 1 and 4. Then submit to international@norquest.ca from your MyMail account.

## **Section 1: Personal Information** (to be completed by Student)

First Name	Last Name	Student ID Number
Reason for Leave Request:	Medical Care Giving Ma	ternity/Parental
	Academic Bereavement Ot	her
Describe reasons prompting your reque additional space for your description, pl	st for authorized leave (include supporting docuease, include additional pages.	ımentation). If you require

## Provide documentation to support your request for authorized leave. Examples of documentation:

- a. <u>Medical Leave</u>: Note from medical practitioner. **Note must include** student's first and last names; medical practitioner's contact information; start and end dates of leave; **and a statement clearly describing student's inability to perform their academic duties**.
- b. Bereavement: Death certificate, death announcement, official funeral program or newspaper article, etc.
- c. Military Service: Official letter outlining call to service, including start and end dates of service.
- d. Maternity/Parental: Proof of pregnancy, birth, or adoption.
- e. Care Giving/Other: Written explanation of circumstances.

Inis is a first-time request     This is a renewal i	П	his is a first-time request		This is a renewal requ
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Exact Dates of Requested Leave				
From:		То:		
Student has discussed their need f Advisor; including leave's implications	or authorized leave ons on (i) progressi	with a Retention Advis	sor and Internation	al Student
status (for International students).				
International Student Advisor's Not	t <b>es</b> regarding impac	ct(s) of leave on tempo	rary residency stat	
				Leave: Supported
Chec	ck Box0			Not Supported
Retention Advisor's Notes regarding im	pact(s) of leave on	student's enrolment pla	n:	
				Leave:
				Supported
				Not Supported
Name of International Advisor		Date	Signature	
Name of Retention Advisor		Date	Signature	
The Retention Advisor/International Student A Leave to the Program Chair (or designate) for	their review and rend	dering of a <u>final decision</u> .	Date	uest for Authorized
Section 3: Academic Review (to be constituted Student has discussed the leave and section 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.				e).
A Return-to-Studies plan has been	discussed with stu	dent.		
<b>Program Chair's Notes</b> regarding the progression:	return-to-studies p	lan and the impact of l	eave on student's a	cademic
progression.				Leave:
				Supported
				Not Supported
Indicate term/year the student is expec	cted to resume stud	ies:		
Indicate courses in which the student is	advised to enroll –	upon their return fron	n leave:	

The student's authorized leave shall begin on		and end on	
Name of Program Chair / Designate	Date	Signature	
Upon a student's return from authorized leave, it s any courses they may require in order to maintain			s possible) into
Section 4: Final Approval (to be completed by S	Student)		
It is highly recommended that international studer when an explanation is required by the IRCC or ot be issued an <u>Authorized Leave Letter</u> by an Intern leave has been approved.	her governme	ent agency). Additionally, internationa	al students shall
<ul> <li>I have read and understood the Authorized</li> <li>If a student is enrolled in any portion of claim a refund by submitting a Reques the proof of the extenuating circumstar</li> <li>If a student requires authorized leave through APAS and pay a new applicat requirements in effect at the time of reprogram.</li> <li>Returning students shall be subject to a the time of their return.</li> </ul>	f a term, <u>after</u> t for Financial nces. beyond one tion fee. Asse application, a	the refund deadline for that term has Appeal Form to the Office of the Regarder term, they shall be reconstructed by the same of re-admission shall be baind admission shall depend on available	gistrar, along with quired to re-apply ised on admission ility of seats in the

<u>IMPORTANT NOTE:</u> NorQuest College strongly recommends that every student take <u>only one (1)</u> authorized leave for the entire duration of their program. Taking more than one authorized leave may negatively affect a student's ability to keep up with course content or progression within their academic program.

Date

Student's Name (Printed)

Signature