



Graduate Leave of Absence Request Form for PhD Program

Registrar's Office Halifax NS B3M 2J6 (902) 457-6117 FAX (902) 457-6498 graduate@msvu.ca

Student ID#	Last Name/Surname	First Name(s)/Given Name(s)		
Apartment/Street	Town/City	Province	Postal Code	
()				
Phone Number	MSVU Email Address			

PhD students with bona fide reasons, such as illness or parental leave, for not registering in one unit of credit in any academic calendar year (September to August) must apply for a leave of absence from the program by submitting a Request for Leave of Absence Form to the Dean of Education prior to the start of the term in which the leave begins. Prior to consideration of a leave of absence request students must discuss the request with their Dissertation Supervisor and the PhD Program Coordinator and establish a timeline for completion of their program of study. This timeline must be included with the request for a leave of absence. Students may normally be granted a leave for twelve months only once in their program. Students on leave of absence will not be permitted access to university services such as library privileges or e-mail nor be entitled to any kind of supervision during the period of their leave.

Requested leave dates: _____ to _____

Degree Program: _____

Have you previously been granted a deferral of admission, leave of absence, or extension during your current academic program? Please select all that apply.

☐ Leave of Absence. Dates: _____ to _____

☐ Deferral. Date: _____ ☐ Extension. Date: _____

Reason for leave of absence request: Please note: *Medical reasons should be accompanied by a certificate from a qualified health practitioner confirming that the student requires a leave for medical reasons. Details of medical problems are NOT required.*

Student Signature

Date

Please proceed to page two to complete next steps.

STEP 1: Timeline for Completion of Program of Study

Courses to be Completed

Course Number(s) & Title(s):

Expected Completion Date(s):

Dissertation Proposal Presentation:

Expected Completion Date:

Expected Dissertation Defense date: _____

Student Signature

Date

Supervisor's Signature (if applicable)

Approval Date

The student must submit this completed form to the PhD Program Co-ordinator to be circulated to the Inter-university Doctoral Advisory Committee (IDAC) for recommendation of approval (see Step 2)

STEP 2: IDAC Recommendation

☐ Recommended

☐ Not recommended

Reason (if declined): _____

PhD Coordinator's Signature

Date

STEP 3: Office of Dean of Education

Decision of Dean of Education

☐ Approved

☐ Not approved

Reason (if declined): _____

Dates of approved leave: From: _____ to _____

Dean of Education Signature

Approval Date

*The Dean of Education will copy the completed forms to:
The Registrar, Student, Dissertation Supervisor and PhD Coordinator (to be placed in the student's file)*

Updated December, 2025