

**SCIENCE GRADUATE STUDIES COMMITTEE  
APPLICATION FOR TEMPORARY LEAVE OF ABSENCE**

Student name / UPEI ID \_\_\_\_\_  
 Supervisor / Co-Supervisors \_\_\_\_\_  
 Base Department \_\_\_\_\_  
 First semester of enrollment \_\_\_\_\_  
 Last semester of enrollment \_\_\_\_\_

Reasons that motivate the request for a temporary leave (attach documents if necessary):

**If approved,**

The student will NOT be registered during the following semester(s):	Fall 20	Winter 20	Spring 20
The student expect to RETURN to the program during the following semester:	Fall 20	Winter 20	Spring 20

Address where the student can be reached while on leave (include phone number and email):

**Signatures and dates:**

Student: \_\_\_\_\_  
 Supervisor (Co-Supervisors): \_\_\_\_\_  
 Base Department Chair: \_\_\_\_\_  
 Graduate Studies Coordinator: \_\_\_\_\_