

INTERNATIONAL STUDENTS REQUEST FOR AUTHORIZED LEAVE OF ABSENCE FROM STUDIES

International students with valid study permits must meet the conditions of their permit to maintain their legal status in Canada. One of the conditions is to pursue their program of study actively. An unauthorized leave of absence will violate the conditions of the study permit. In addition, the length of the leave of absence may affect your status as a student and your eligibility for the Post-Graduation Work Permit (PGWP) after completing your program.

Immigration, Citizenship, and Refugees Canada only considers students to actively pursue their studies program if the leave is less than 150 days. For leave periods of longer than 150 days, a student must do one of the following:

- Change their status to visitor
- Leave Canada

The leave of absence should be used in exceptional circumstances. Please contact the International Office at International@keyano.ca before requesting/taking any leave of absence from studies.

LAST NAME (LEGAL) *		FIRST NAME (LEGAL) *		STUDENT ID # *	
FORMER NAME (IF APPLICABLE)		DATE OF BIRTH *		DATE *	
ADDRESS *		CITY *	PROVINCE *		POSTAL CODE *
PHONE # *	PROGRAM NAME *				YEAR/TERM *

Reason for Leave Request (Check one box only)

Academic

Bereavement

Care Giving

Maternity/Parental

Medical

Other (please specify)

Leave Period

START DATE (MMDDYYYY) *	END DATE (MMDDYYYY) *
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DESCRIBE THE SITUATION IN DETAIL (PROVIDE AS MUCH INFORMATION AS POSSIBLE): *

Students must provide documentation to support their request for leave. Some examples of the document are:

- Medical practitioner's note describing the circumstances and recommended leave dates
- Death Certificate
- Birth Certificate
- Proof of Pregnancy
- Written explanation of Circumstances

Have you contacted the International Office for guidance?

- ☐ Yes
- ☐ No, Explain:

Please refer to the [Academic Schedule](#) and [Refund Policy](#) to determine the financial impact of your leave.

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Program Chair Comments

Please explain the impact of the leave on studies, steps taken to minimize the impact, notes from discussion with the student, and return-to-studies plan/conditions for the student.

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Status: ☐ Approved ☐ Not Approved

Signature of the Chair/Dean:

Method of Delivery of letter if approved:

\$5.00 + GST

Mail to address above

Pick up

Email: _____ (Current students will be emailed to keyanomail)

Mail to address below

ADDRESS	CITY	PROVINCE	POSTAL CODE

Method of Payment

CREDIT CARD	EXPIRATION DATE
CARD ISSUED TO	SIGNATURE

4120000 - 41210

GST #R107566218

Office of the Registrar Use Only

RECEIVED BY	DATE	AUTHORIZATION #	PROCESSED BY	DATE

***Please Note, this letter is only accurate on the date specified above.**

The personal information requested on this form is collected under the authority of section 65 of the Post-Secondary Learning Act and section 33© of Alberta's Freedom of Information and Protection of Privacy Act and will be used for the purpose of admission, registration, issuing income tax receipts, scholarships and award, convocation, sending education information, library services, emergency notification, and for college research and planning. Certain personal information will also be disclosed to Statistics Canada to comply with the Statistics Act; Alberta Advanced Education to meet reporting requirements; Alberta Human Services for determining and monitoring student eligibility for their services; work experience and practicum sites to set up appropriate placements; Students' Association for the purposes of membership and information sharing; Syncrude Sport & Wellness Centre for the purposes of membership, Student Academic Support Services for the purposes continuous improvement of student academic success. For information about the collection and use of this information, contact the Registrar.