

Office of the RegistrarEmail: registration.inquiries@senecacollege.ca

Telephone: (416) 491-5050 ext. 22800

Important Academic Dates: senecacollege.ca/registrar/dates/

Seneca

Leave of Absence Request: Full-Time Program

Last Name

First Name

Student ID Number

Program

()

Preferred Telephone Number

Seneca Email Address

Alternate Email Address

Reason for Leave:

Leave of Absence beginning – From which term?

Fall

Winter

Summer

Year: 20__

Expected Return – in which term?

Fall

Winter

Summer

Year: 20__

→ To be completed by International Students Only:

Study Permit Expiry Date: _____

- I understand that any funds in my student account will be forwarded to the expected return term.
- I understand that I am required to have valid, Seneca provided health insurance while on leave and that this may require an additional payment.

Student Signature: _____

Date: _____

→ To Be Signed By the Departments Below:**To be completed by the Academic Area:**

This leave request is approved for: Domestic Student

International Students

Scheduled Break (as per College Policy)

Authorized Leave

Term: _____

Term: _____

Term: _____

Term: _____

Signature of Program Coordinator/Student Advisor

Date: _____

**To be completed by International Student Services:
(for International Students only)**

This LOA request has been reviewed to note for possible implications that may affect the applicant's immigration status. When applicable, the applicant has been informed to note the conditions in taking the type of leave that has been approved by the academic area.

IS Signature: _____

Date: _____

- I understand that if I am withdrawing from the College after the 10th day of scheduled classes and my fees have not been paid in full, the fees must still be paid and that overdue accounts will be sent to a collection agency if arrangements for payment have not been made.
- I understand that if I do not return in the expected term recorded above I may not have a seat in my program upon my return.
- I understand that if I am in receipt of OSAP funds, any refund due to me may be sent back to the National Student Loan Service Centre to repay a portion of my student loan (Domestic students only).

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Personal information on this form is collected in accordance with sections 21, 39 and 49 of the *Freedom of Information and Protection of Privacy Act* and under the legal authority of the *Ministry of Training, Colleges and Universities Act*, R.S.O. 1990, and the *Ontario Colleges of Applied Arts and Technology Act*, 2002, Regulation 34/03, and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or the ministries or agencies of the Government of Ontario and the Government of Canada. If you have any questions concerning the collection and use of personal information, please contact the Privacy Office at (416) 491-5050 extension 77846 or email privacyoffice@senecacollege.ca.

I have read the above statement and hereby authorize the release of information contained herein to the above mentioned.

Date: _____

For Office Use Only:☐ Remove from Term of Leave☐ Check for OSAP

Processed By: _____

☐ Activate Term of Return☐ Service Indicator☐ Health Insurance Paid

Date: _____

TO BE DUPLICATED ONLY BY THE OFFICE OF THE REGISTRAR.

Last Revised: July 20, 2022