

**Office of the Registrar**

Telephone: 416.764.9900

Email: theservicehub@senecapolytechnic.ca

Important Academic Dates: senecapolytechnic.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 Support:  
(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 416.764.0400 or email [privacyoffice@senecapolytechnic.ca](mailto:privacyoffice@senecapolytechnic.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: October 11, 2023