

## Request for Authorized Leave from Studies

Immigration, Refugees, and Citizenship Canada (IRCC) require international students possess a study permit to study in Canada. International students must comply with the conditions of the study permit throughout their studies. The study permit requires that international students continuously retain enrollment at a Designated Learning Institution (DLI) without one or more unauthorized break in their studies.

International students in good academic standing may be eligible to receive an Authorized Leave from Studies under specific circumstances. Students on Authorized Leave from Studies may extend the Leave for a maximum period of one regular term or 150 days.

Reasons for requesting Authorized Leave are generally limited to:

Medical – Critical physical or mental condition

Pregnancy/Maternity – Recent birth of a child or late or high-risk pregnancy

Family – Family emergency or death of an immediate family member

Students who receive Authorized Leave from Coquitlam College do not need to inform IRCC, but students must retain the letter confirming Authorized Leave for their own records and in cases where proof is requested by IRCC.

Students who receive Authorized Leave must be full-time students in the semester subsequent to the term specified in the Authorized Leave. Students are not eligible to work during their period of Authorized Leave.

In order to apply to Coquitlam College for a letter confirming the Authorized Leave, students must:

- Complete the [Request Authorized Leave from Studies form](#)
- Provide evidence explaining the reason for Authorized Leave
- Submit the form and evidence to the Office of the Registrar either via email or in-person. Email is [jhebeler@coquitlamcollege.com](mailto:jhebeler@coquitlamcollege.com)

The College will provide a decision within 15 business days. Students who receive approval will receive an Authorized Leave from Studies letter at the time they receive notice of the College's decision.

Student Information		
First Name	Last Name	Student ID Number
Email Address (College Assigned Email Address)		Telephone Number

Request Leave		
<b>Study Permit Information</b>	<b>Reason for Requested Leave</b>	<b>Requested Authorized Leave Period</b>
Unique Client Identifier (UCI) _____	Medical _____	Spring Semester (January – April) _____
Issue Date (DD-MMM-YYYY) _____	Pregnancy/Maternity _____	Summer Semester (May – July) _____
Expiry Date (DD-MMM-YYYY) _____	Family _____	Fall Semester (September – December) _____
<b>Student Signature</b>		<b>Date (DD-MMM-YYYY)</b>

OFFICE USE ONLY	
Approval	
Term: _____ Rationale for Approval: _____	
Student Services Signature	Date (DD-MMM-YYYY)