



Submit the completed form by email to [rdougherty@coquitlamcollege.com](mailto:rdougherty@coquitlamcollege.com) with the subject line "Request of Authorized Leave from Studies Form".

International students studying in Canada are required to have a valid study permit issued by Immigration, Refugees, and Citizenship Canada (IRCC). It is essential that students comply with the conditions of their study permit throughout their studies. One of these conditions is continuous enrollment at a Designated Learning Institution (DLI) without unauthorized breaks in studies. However, international students with good academic standing may be eligible for an Authorized Leave from Studies under specific circumstances. The leave can be extended for a maximum period of one regular term or up to 150 days.

### Important Notes:

Students who are granted Authorized Leave from Coquitlam College are not required to inform IRCC. However, it is recommended to keep the letter confirming the Authorized Leave for your personal records and as proof in case it is requested by IRCC.

After returning from Authorized Leave, students must be enrolled as full-time students in the semester following the leave period. During the Authorized Leave, students are not permitted to work.

**Do NOT send a duplicate request as this will delay the processing time.**

STUDENT INFORMATION		
Legal Last Name (Family Name)	Legal First Name (Given Name)	Student #
Date of Birth (yyyy/mm/dd)	Telephone Number	
Email Address		
STUDY PERMIT INFORMATION		
Unique Client Identifier (UCI)		
Issue Date (yyyy/mm/dd)	Expiry Date (yyyy/mm/dd)	
REQUESTED AUTHORIZED LEAVE PERIOD		
<input type="checkbox"/> Spring Semester (January – April)	<input type="checkbox"/> Summer Semester (May – July)	<input type="checkbox"/> Fall Semester (September – December)
REASON FOR REQUESTED LEAVE		
<input type="checkbox"/> Medical (Critical physical or mental health condition)	<input type="checkbox"/> Pregnancy/Maternity (Recent birth of a child or late/high-risk pregnancy)	<input type="checkbox"/> Family (Family emergency or death of an immediate family member)
DETAILS		
Provide a detailed explanation of the reason for your request. If additional space is needed, use the back of this form or attach an additional sheet. Additionally, attach any relevant documentation to support your request for Authorized Leave (e.g., medical certificate, proof of family emergency, etc.).		
CERTIFICATION		
Student Signature	Date (yyyy/mm/dd)	
OFFICE USE ONLY		
Academic Advising Approval		
Approval		
Semester	Rationale	
Academic Advisor Signature	Date (yyyy/mm/dd)	