

Request for Authorized Leave from Studies Form

Submit the completed form by email to admissions@coquitlamcollege.com with the subject line "Request of Authorized Leave from Studies Form".

Before filling out the form, visit the Coquitlam College website and carefully review the terms and conditions for requesting an Authorized Leave from Studies (coquitlamcollege.com/student-services/authorized-leave/).

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) Year: _____	<input type="checkbox"/> Summer Semester (May – July) Year: _____	<input type="checkbox"/> Fall Semester (September – December) Year: _____
REASON FOR REQUESTED LEAVE		
<input type="checkbox"/> Medical (<i>Critical physical or mental health condition</i>) <input type="checkbox"/> Pregnancy/Maternity (<i>Recent birth of a child or late/high-risk pregnancy</i>) <input type="checkbox"/> Family (<i>Family emergency or death of an immediate family member</i>)		
DETAILS		
<p>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.).</p>		
STUDENT DECLARATION & SIGNATURE		
<input type="checkbox"/> I understand that I must not work during an authorized leave. <input type="checkbox"/> I understand that I must resume full-time studies after my leave to maintain my study permit conditions.		
Student Signature	Date (yyyy/mm/dd)	

OFFICE USE ONLY	
Academic Advising Approval	
Approval (Yes/No)	Semester Dates (Start/End)
Rationale	
Academic Advisor Signature	Date (yyyy/mm/dd)