Email: 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

|_____|_____|_____| — |_____| — |_____|
Student Number   Program

Last Name   First Name

Reason for Leave: _____

_____

Leave of Absence beginning – From which term?　☐ Fall　☐ Winter　☐ Summer　Year: 2 0 _ _

Expected Return – in which term?　☐ Fall　☐ Winter　☐ Summer　Year: 2 0 _ _

_____
Program Coordinator Signature of Approval (for return)　　　Date

Are you an International Student?　☐ Yes　☐ No

(!)　***This section must be completed by International Student Services.***

Study Permit Expiry Date: |_____|_____|_____|
　　　　　　　　　　　　Year　Month　Day

- 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.

_____
International Department Signature of Approval　　　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.

Student Signature: _____　**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:_____