

O Interruption granted

O Interruption declined

Start Date:

Reason:

Return Date:

Start Date:

Signature & Date

Graduate Award Interruption Request Form

FACULTY OF GRADUATE & POSTDOCTORAL STUDIES KILLAM CENTRE FOR ADVANCED STUDIES 2-29 TRIFFO HALL

Phone: 780.492.9460 Fax: 780.492.0692 grad.awards@ualberta.ca www.ualberta.ca/graduate-studies

Chudant ID	First Names			
Student ID Last Name	e, First Name			
Department		Degree Program	Degree Program	
Award Held		Interruption Start Date	Interruption End Date	
What kind of interruption are you requesting?				
 Unpaid Leave You must be on an approved Leave of Absence from your graduate program. 				
 Paid Parental Leave You must be on an approved Leave of Absence from your graduate program. You must email grad.awards@ualberta.ca as soon as possible to activate paid parental leave You must submit a copy of the child's birth/adoption certificates within 1 month after the birth/adoption of the child. By signing this form, you agree to the following:				
To be completed by student: You must agree to the following declaration before submitting this form: 1. I agree to comply with University of Alberta regulations relating to scholarships and awards, and the Code of Student Behaviour and/or Code of Applicant Behaviour. 2. I certify that the information in this form is true and complete in all respects, and that I have withheld no information. 3. I authorize the University to verify any information provided as part of this request form 4. I understand that misrepresentation, falsification of documents, or withholding of requested information regarding this form are serious offences and may result in prosecution under the University's Code of Applicant Behaviour, Code of Student Behaviour and/or the Criminal Code of Canada. 5. I will be required to register for the term in which I return from the leave of absence to reinstate the graduate award and will notify Graduate Awards accordingly once registration, upon my return, has been completed. O I agree to the above Declaration				
Student's Signature (digital or hand-written)		Date (MM/D	Date (MM/DD/YYYY)	
Name of Supervisor	Signature (digita	ol or hand-written)	Date (MM/DD/YYYY)	
*This form can be electronically signed, or signed and scanned, and emailed to grad.awards@ualberta.ca from your UofA email account.				
Personal information on this form is collected under the authority of Section 33(c) of Alberta's Freedom of Information and Protection of Privacy Act for authorized purposes including admission and registration; administration of records, scholarships and awards, student services; and university planning and research. Students' personal information may be disclosed to academic and administrative units according to university policy, federal and provincial reporting requirements, data sharing agreements with student governance associations, and to contracted or public health care providers as required. For details on the use and disclosure of this information call the Faculty of Graduate & Postdoctoral Studies at 780-492-3499 or see http://www.ipo.ualberta.ca/ For PPL use only:				

End Date:

O Copy of Birth/Adoption certificate provided