



Master of Physician Assistant Studies (MPAS)

Leave of Absence Request Form

Instructions

This form must be completed for all absences from the MPAS program, whether planned or unplanned. This form serves as the Request for Short-Term Program Absence form as described in the MPAS Attendance Expectations Policy.

For unplanned absences, students must email the MPAS Office at mpas@usask.ca as soon as possible to report the absence. Examples include sudden illness, urgent medical emergencies, family emergencies, or other compassionate circumstances that require immediate attention. The completed form, including details on how missed sessions will be made up, can be submitted afterward. If an illness results in more than five consecutive days of missed classes or clinical activities, a medical note must be included with the form.

For planned absences, the completed form must be submitted to the Academic Director (or delegate) at least two weeks before the requested absence. Approval is not guaranteed and will depend on the reason, the impact on your learning, and the plan to make up missed sessions.

Section 1 – Student Information

Name: _____

Student Number: _____

Email: _____

Phone: _____

Section 2 – Type of Absence

- ☐ Planned Absence (less than two weeks)
- ☐ Extended Leave of Absence (two weeks or more – see MPAS Leave of Absence Process)
- ☐ Unplanned Absence (illness or compassionate reason)

Section 3 – Dates of Requested Absence

From (dd/mm/yyyy): _____ To (dd/mm/yyyy): _____

Total number of academic or clinical days affected: _____

Section 4 – Reason for Absence

Provide a detailed explanation of the reason for your absence. Attach supporting documentation if required, including a medical note for illness lasting more than five consecutive days.



Documentation attached: ☐ Yes ☐ No

Section 5 – Impact on Learning and Plan to Make Up Missed Content

List the sessions, labs, clinical activities, or assessments that will be missed and describe your plan to make up this content. For planned absences, a make-up plan must be agreed upon before approval is granted.

Section 6 – Student Acknowledgement

I understand that approval is not guaranteed and that I remain responsible for all missed academic and clinical content. I will comply with any remediation or make-up plan determined by the MPAS program and acknowledge that failure to do so may affect my progression in the program.

Signature: _____ Date: _____

For MPAS Program Use Only

☐ Approved

☐ Not Approved

Comments and conditions of approval:

Academic Director / Delegate: _____ Date: _____