



## Master of Physician Assistant Studies (MPAS) Program

### Long-Term Leave of Absence Request Form (6+ Months)

#### Instructions

This form must be completed for any request for a long-term leave of absence (greater than six months) from the MPAS program. A long-term leave is typically granted for significant circumstances such as serious medical conditions, parental leave, personal hardship, or other compelling reasons.

The completed form must be submitted to the Academic Director (or delegate) **at least 4 weeks prior** to the requested start date whenever possible. Supporting documentation may be required. Approval is not guaranteed and will depend on the reason for the leave, academic standing, and feasibility of return to the program. Students are strongly encouraged to consult with the MPAS Program Office prior to submission.

#### Section 1 – Student Information

Name: \_\_\_\_\_

#### Section 2 – Type of Leave

- |  |  |
|--|--|
| <input type="checkbox"/> At the discretion of the program/program mandated<br><input type="checkbox"/> Medical Leave<br><input type="checkbox"/> Maternity/Adoption/Parental Leave | <input type="checkbox"/> Personal / Compassionate Leave<br><input type="checkbox"/> Education Leave<br><input type="checkbox"/> Other (please specify):<br>_____ |
|--|--|

#### Section 3 – Duration of Leave

Start Date (dd/mm/yyyy):

Anticipated Return Date (dd/mm/yyyy):

#### Section 4 – Reason for Leave

Provide a detailed explanation for your request. Include relevant context and attach all supporting documentation (e.g., medical documentation, or other relevant evidence).

Documentation attached:  Yes  No



### Section 6 – Plan for Return to Program

Describe your anticipated plan for returning to the MPAS program, including timing, required remediation (if applicable), and any anticipated challenges.

### Section 7 – Financial and Administrative Considerations

I acknowledge that:

- I have reviewed tuition, fees, and refund policies related to taking a long-term leave.
- I understand there may be implications for student loans, funding, or benefits.
- I have contacted (or will contact) relevant university services as needed (e.g., Student Wellness, Student Central, Accessibility Services).

### Section 8 – Student Acknowledgement

I understand that:

- Approval of this request is not guaranteed.
- I must comply with program requirements upon return.
- My leave may impact program progression and graduation timeline.
- Additional conditions or assessments may be required before re-entry.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### For MPAS Program Use Only

Approved                       Not Approved

Conditions of Approval (if applicable):