

Notification of Maternity and/or Parental Leave

The personal information on this form is collected under the authority of the Royal Charter of 1841, as amended.

The information will be used to process your maternity and/ or parental leave.

Graduate students who wish to take a maternity and/or parental leave will be registered as inactive without prejudice to their academic standing. The maximum duration of the maternity and parental leave is two terms and two terms respectively. Both parents are entitled to a parental leave. In addition, mothers are entitled to a maternity leave. The maternity and/or parental leave would normally be taken during the first year of the child's life, or, in the case of adoption of a child, within 12 months after the child first comes into the custody of the parent. A fee waiver for the period of the leave will be granted by the university through the School of Graduate Studies.

Please forward this completed and signed form to the School of Graduate Studies, Room 425, Gordon Hall.

<i>Student Name:</i>	<i>Student Number:</i>	<i>Degree Program:</i>
<i>Department:</i>	<i>Student Email:</i>	
Indicate date you would like Maternity/Parental leave to begin:		
Are you applying for the PhD Maternity/Parental Leave Funding?		
List all scholarships, awards and/or bursaries currently held:		
I am eligible for and wish to be considered for Maternity/Parental leave funding (check regulations here): <input type="checkbox"/> Yes <input type="checkbox"/> No		

Since you are not considered a full time student for this period of inactive status, all funding including any student loans, and internal or external scholarship payments, will be terminated for the duration of your inactive status.

Term(s) Requested (mark with an X)	Calendar Year
Fall: Sept 1 Dec 30	
Winter: Jan 1 – Apr 30	
Summer: May 1 –Aug 31	

I confirm that this student has informed me of her/his intention to take a maternity and/or parental leave.

Supervisor's Signature _____ **Date:** _____

Please review the complete SGS [Maternity and Parental Leave](#) regulation.

Student's Signature _____ **Date:** _____

You will receive confirmation by email when your Maternity/Parental leave request has been reviewed.

SCHOOL OF GRADUATE STUDIES DECISION

Signature, Director of Admissions and Student Services, SGS

This maternity/parental leave request is approved for the following time period: