

## **Program Temporary Stop-Out**

Please refer to the School of Graduate Studies (SGS) Leave of Absence Policy and Leave of Absence, and Stop-Out, Withdrawal, & Failure to Register sections of the SGS website.

If you are a full-time student in a non-thesis coursework program you may request to temporarily stop-out and re-register within 12 months with the approval of your graduate unit, without re-applying to the program. Unlike a leave of absence, the stop-out period is included in the time period for completion of your degree.

Part-time students are eligible to temporarily stop-out, but do not need to complete this form.

Contact your graduate unit with any funding-related questions and the Graduate Awards Office at SGS with any awards-related questions.

## SECTION 1: Student Information (to be completed by the student).

Last Name:		First Name(s):			Student Number:		
Degree:					Graduate Unit:		
Dogroo.					Graduate Offit.		
Session:	Fall	Winter	Summer		Session Year:		
U of T Email:					Full-tim	10	Part-time
O OI I LIIIaii.					i dii tiii		i ait tiirio
Are you currently registered in a collaborative program?							
			Yes	No			
Are you currently rece	eiving an award?						
7 tie you currently root	siving an awara.		Yes	No			
			100	110			
If yes, indicate award	(s):						
Reason for program temporary stop-out:							
l reason or program o	omporary stop cut						
*By signing this form, I apply for permission to stop-out and agree to resume the program and collaborative program(s) in the fall / winter / summer							
20 session (maximum 12 months). Note: only for full-time degree students in a non-thesis coursework program.							
Student's Signature*:						Date:	
(sign and print name)							
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The Cheir/Conducts Consider the source this was not and accompanied that this attraction to a limital to an elicitation in the Call Conduct of the							
The Chair/Graduate Coordinator approves this request and recommends that this student be eligible to register in the fall / winter / summer 20 session							
(maximum 12 months Chair/Coordinator's S				Graduate	l Init:	Date:	
(sign and print name)				Graduale	Offic.	Date.	
(Sign and phint name)							

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