

REQUEST FOR MATERNITY OR PARENTING LEAVE (MBA ONLY)

To: The Student Experience Office Student Number : _____

Student's Surname Name: _____ Given Name(s): _____

Program that the student is currently enrolled in:

Full Time Part Time Co-op Accelerated

Type of leave Requested:

- Maternity Leave: (This option can only be claimed by female students.) Please see section 2.4.5 of the School of Graduate Studies Calendar.
http://digitalcommons.mcmaster.ca/cgi/viewcontent.cgi?article=1009&context=sgs_cal
- Parental Leave: (This option is open to all new parents – Birth and Adoptions.) A full-time graduate student who has a child (or children) by birth or adoption may take a Parental Leave from studies for a maximum period of 4 *consecutive* months. A full-time graduate student electing not to take the maximum amount of time available for a Leave will not have the option of taking any unused leave at a later date. Please see section 2.4.5 of the School of Graduate Studies Calendar.
http://digitalcommons.mcmaster.ca/cgi/viewcontent.cgi?article=1009&context=sgs_cal

Note : It is strongly recommended that all leaves start and end at the start of a new term whenever possible. In cases where this is not possible, the student must meet with an Academic Advisor to determine a plan for course completion.

Date of Expected Leave Start (YYYY-MM-DD) _____

Date of Expected Return from Leave (YYYY-MM-DD) _____

Student's Signature: _____ Date: _____

Comments from Academic Advisor

Academic Advisor's Signature: _____ Date: _____

Any Leave involving the Co-op Program must also be approved by the CPD Office

CPD Signature: _____ Date: _____