

REQUEST FOR PARENTING LEAVE (MBA ONLY)

To: Student Experience Office (askmba@mcmaster.ca) Student Number : _____

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

Program that the student is currently enrolled in:

Full Time Part Time Co-op Accelerated

Parenting Leave Policy (2.5.7 of the School of Graduate Studies Academic Calendar:
https://academiccalendars.romcmaster.ca/content.php?catoid=45&navoid=9133#2-5-7_leaves_of_absence)

A parenting LOA is intended to assist parents in successfully combining their graduate studies and family responsibilities with minimum financial and/or academic impact. The University will provide the following arrangement for parents requiring parenting leave from their studies at the time of pregnancy, birth or adoption and/or to provide care during the child's first year.

According to the Employment Standards Act 200 - May 7, 2018 version Part XIV, a "parent" includes: "a person with whom a child is placed for adoption and a person who is in a relationship of some permanence with a parent of a child and who intends to treat the child as his or her own".

Note : It is strongly recommended that all leaves start and end in alignment with academic term dates 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: _____