

Please note this is a PDF fillable form with several required fields. You cannot print this form unless all required fields are completed. Please remember to sign section 6. **It is the student's responsibility to obtain the Graduate Coordinator's signature.** Please note that final approval of this application is subject to [SGS approval](#) of the student's Leave of Absence.

### SECTION 1: STUDENT INFORMATION

First name

Last name

Student Number

E-mail (must be UofT address)

Current Mailing Address

Province

City

Postal Code

---

### SECTION 2: PROGRAM INFORMATION

Degree Program

Graduate Unit

Masters (research stream only)

Year of Study

PhD

---

### SECTION 3: DETAILS ABOUT REQUESTED LEAVE OF ABSENCE (LOA)

For the LOA you are requesting, please answer the following questions below. Please note the LOA Stipendiary Fund is one term, one-time only funding. Ideally, an applicant should apply before the start of his/her LOA but applications will can be considered throughout the year.

For LOAs due to parental leave, the School of Graduate Studies (SGS) offers the [SGS Parental Grant](#). Please click on the link or contact SGS at [sgs.awards@utoronto.ca](mailto:sgs.awards@utoronto.ca).

Please indicate the term(s) you are requesting an LOA

Fall 2023 (September 1, 2023 to December 31, 2023)

Winter 2024 (January 1, 2024 to April 30, 2024)

Summer 2024 (May 1, 2024 to August 30, 2024)

Please state date of return, if known  
(e.g., Fall 2024)

#### SECTION 4: GRADUATE STUDENT FUNDING

Please indicate below if you will receive any external funding while on the requested leave of absence. If you are requesting a LOA - parental leave and receive CIHR/NSERC, you may be eligible for funding during your LOA. Please visit [CIHR/NSERC](#) for more details.

If yes, please indicate source and total amount you will receive for the duration of your LOA

Please confirm if you have arranged to receive funding from another source (i.e. CIHR, NSERC, or another award/scholarship).

Yes      No

---

#### SECTION 5: GRADUATE PROGRAM CONTACTS

Departmental Chair (drop down menu)

Graduate Coordinator (drop down menu)

Supervisor (First Name and Last Name)

Supervisor E-mail

---

#### SECTION 6: AGREEMENT OF TERMS AND SIGNATURES

##### Student Confirmation

By checking this box, I agree with the terms of the LOA Stipendiary Fund and confirm that the information provide on this form and in my application package is accurate and current.

Signature of Student

Enter Date  
(MM/DD/YYYY)

##### Graduate Coordinator Confirmation

By checking this box, I confirm I have reviewed this form with the student requesting this LOA and that the information provided in this form is accurate and current.

Signature of Graduate Coordinator

Enter Date  
(MM/DD/YYYY)

Please send completed applications directly to [rachel.zulla@utoronto.ca](mailto:rachel.zulla@utoronto.ca) with the subject line "LOA Stipendiary Fund."