

## Paid Medical Leave Application Form

The Paid Medical Leave fund was established to support full-time graduate students in thesis-based programs whose guaranteed stipend is suspended while on an approved Leave of Absence (LOA) from their graduate program for documented personal medical reasons. The fund provides up to \$4,000 for one semester only, and only one request can be made per degree program. Please note that retroactive requests will not be considered.

Last Name	First Name	Student ID #
<input type="text"/>	<input type="text"/>	<input type="text"/>
Program	Department / School	
<input type="text"/>	<input type="text"/>	

Amount of annual Minimum Guaranteed Stipend   
*Please note, the Paid Medical Leave fund is calculated as 1/3 of annual stipend up to \$4,000.*

Semesters of requested medical Leave of Absence (e.g. F2025, W2026)

Number of full-time semesters prior to start of requested medical LOA

Registered? I am currently a full-time graduate student within the completion period for my program and am in a thesis-based program. Yes ☐ No ☐

I acknowledge that I have attached supporting documentation (letter from a medical practitioner, or a letter from Student Accessibility Services verifying the existence of medical documentation confirming that a leave of absence is required for personal medical reasons for the required period. Yes ☐ No ☐

Student	Student Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

*I certify that the information provided on this form is, to the best of my knowledge, correct and complete.*

Advisor	Advisor Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

*I certify that the information provided on this form is, to the best of my knowledge, correct and complete. I further verify that the amount of annual Minimum Guaranteed Stipend indicated above is accurate.*

Graduate Program Coordinator	Graduate Program Coordinator Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

*I certify that the information provided on this form is, to the best of my knowledge, correct and complete. I further verify that the amount of annual Minimum Guaranteed Stipend indicated above is accurate.*