

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.

STUDENT INFORMATION

Last Name: _____ First Name: _____

Student ID: _____ Graduate Program _____
(e.g. PHD.IBIO)

Department: _____ Date: _____
(mm/dd/yyyy)

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. F2020 or W2021)

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

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

Documentation: 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 *(If not attached, this application will not be considered)*

DECLARATIONS AND SIGNATURES

Student	Student Signature	Date

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

Advisor	Advisor Signature	Date

I certify that the information provided on the 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 (GPC)	GPC Signature	Date

I certify that the information provided on the 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.

Once your Leave of Absence has been approved by both your department and OGPS, please submit the application form to the graduate awards officers at grschol@uoguelph.ca.
For more information, please contact [OGPS](#).

Protection of Privacy: We are committed to protecting your privacy. Personal information is collected under the authority of the University of Guelph Act and pursuant to the Freedom of Information and Protection of Privacy Act (FIPPA). If you have questions about the use and disclosure of your personal information, call the Office of Graduate Studies at (519) 824-4120 ext. 56833. You can also find more information about access to information and protection of privacy at the University of Guelph from the [University Secretariat](#).

