



# Student Military Leave Application for Support

Policy Reference: [AC.3.17](#)

Please complete sections A to D.

## A) Personal Information

|                  |                        |                  |                        |             |
|------------------|------------------------|------------------|------------------------|-------------|
|                  |                        |                  | Student ID Number      |             |
| Last Name        |                        | First Name       |                        | Middle Name |
| Address          |                        | City             |                        | Province    |
| Preferred Number | Home Cellular Business | Alternate Number | Home Cellular Business | Postal Code |
| Email Address    |                        |                  |                        |             |

## B) Request for Support

|  |                |                   |                  |                   |                   |
|--|----------------|-------------------|------------------|-------------------|-------------------|
| Program                                |                | Term              |                  |                   |                   |
|  |                | Fall (Sept - Dec) | Winter (Jan-Apr) | Spring (May-June) | Summer (July-Aug) |
| I am requesting support for:           | Course Code(s) | Course Title      |                  |                   |                   |
| The entire program                     |                |                   |                  |                   |                   |
| Specific courses (listed to the right) | Course Code(s) | Course Title      |                  |                   |                   |
|  |                |                   |                  |                   |                   |

| Accommodation Requested (Check all that Apply)   | Approving Authority                    |
|--|--|
| Defer exam, assignment or other assessment (Maximum deferral is 8 weeks from the end of the course)  | Academic Chair/Coordinator             |
| Complete a deferred assessment or exam under military proctor  | Academic Chair/Coordinator             |
| Allow an extended leave of absence from his/her program (one or more semesters)<br>* The student is expected to complete the graduation requirements within the time line for that program | Academic Chair/Coordinator             |
| Allow fulfillment of program workplace experiential learning requirements through military service   | Academic Chair/Coordinator             |
| Allow receipt of an "Incomplete" ("I") grade for the course (Grade needs to be cleared within 8 weeks from the end of the course)  | Academic Chair/Coordinator             |
| Allow withdrawal from the course where the student will receive a "W" grade, as per AC.3.1.1 Grading and Progression, and receive a full refund of his/her tuition for that course         | Academic Chair/Coordinator             |
| Transfer course registration to the same, or equivalent course, offered through distance delivery (no addition cost to the student)  | Academic Chair/Coordinator             |
| Receive a grade based on the course work completed to date, if the student has completed at least 70 per cent of the course  | Academic Chair/Coordinator, Instructor |

|                   |      |
|-------------------|------|
| Student Signature | Date |
|-------------------|------|

A student who wishes to request an accommodation must give at least 10 working days prior written notice to his/her Academic Chair/Coordinator. Please attach reason/rationale for request. Addition supporting documentation may be required.

## C) Academic Approval Required

|  |           |      |
|--|-----------|------|
| Academic Chair (or Earned Revenue Coordinator)** | Signature | Date |
| Additional (if applicable)                       | Signature | Date |

\*\* The Academic Chair/Earned Revenue Coordinator in the School that delivers the course must complete the Academic Approval portion.

**Example:** MATH 235 is a Academic Services course taught in several programs. Therefore, approval must come from the Academic Services.

|                    |      |
|--------------------|------|
| Records updated by | Date |
|--------------------|------|

Completed original to be submitted to Student Services. Copies to be forwarded to the Academic Chair/Coordinator, Instructor and Applicant.

## FOIP Statement

The personal information you provide on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act of the Province of Alberta, Section 33(c). This information will be used to process your request for military accommodation. If you have any questions about the collection or use of this information, please contact SAIT's FOIP Coordinator in Human Resources at 284-8166. This document will be kept on file within the applicable school or department.