



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) * 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.