

CPA preparatory courses Program Leave Application Form

In special circumstances, students taking CPA preparatory courses can temporarily withdraw from taking courses for a maximum two years in total. While withdrawn, students:

- will have access to past course materials (courses are retired after 12 months)
- cannot request transfer credits from post-secondary institutions

This form must be completed and submitted to prepadvising@cpawsb.ca along with documentation supporting the temporary program leave, such as a doctor's note for periods of prolonged illness. Please see our website for additional eligibility information. If you are unsure if you may qualify for a temporary program leave, please reach out to prepadvising@cpawsb.ca to discuss.

Leave Supporting Documentation

All Temporary Program Leave Applications must be accompanied by supporting documentation based on your individual circumstances. Below are some acceptable documents based on special circumstances

Medical grounds:

To be acceptable, documentation submitted to support an application for a program leave on medical grounds must contain, at a minimum:

The student's name, as well as complete contact information for the physician or nurse practitioner.

A clear statement by the physician or nurse practitioner confirming the student's inability to perform their academic duties.

Compassionate grounds:

Documentation confirming your role as caregiver, i.e. Medical professional identifying you are primary caregiver.

Parental Leave:

A maternity and/or parental leave must be supported by proof of pregnancy, birth certificate, adoption record, or physician's report.

The CPA preparatory courses Student Experience team will review your request form along with your documentation. They will then complete section 4, confirming your enrollment status for the academic year in which a leave has been requested.

1. STUDENT INFORMATION:	
Legal First Name:	Legal Last Name:
CPA number:	



2. TEMPORARY PROGRAM LEAVE INFORMATION

Proposed start date of academic year leave: (mm/dd/yyyy):		
Proposed end date of academic year leave: (mm/dd/yyyy):		
Reason for request:		
STUDENT DECLARATION		
I understand that temporary progra	m leave must have a duration of one academic year to be considered.	
I understand that the total length of all temporary program leave cannot exceed 24 months.		
I understand that temporary program leave requires supporting documentation and will provide documentation when submitting this request.		
I understand that after my temporary leave has expired I must pay dues and must re-enroll with the school each year.		
Signed:	Date:	
A CDAWCD INTERNAL LISE ONLY		
4. CPAWSB INTERNAL USE ONLY		
Approved: Yes No		
Documentation Verified: Yes	No	
Type of Documentation Submitted:		
Verified By:		