Students Registered in Bachelor of Science in Nursing Program
REQUEST FOR LEAVE for Health Problems or Personal Circumstances

Students enrolled in the BScN Program, Faculty of Nursing may apply for a one to three-term leave on the grounds of health problems (supported by a medical certificate) or personal circumstances (e.g. Illness of an immediate family member) which temporarily make it impossible to continue in the program.

Section 1: To be completed by the student. Please print or type.

Name ____________________________________________ Student Number ________________________
Address _____________________________________________________________________________________
Tel. No. _______________________________ E-mail Address ____________________________________________
Have you had a previous leave? If yes, please state the dates and duration
____________________________________________________________________________________________

Reason for Current Request ______________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Note: Student’s on leave do not register or pay fees to the University, nor can they have access to the services offered by the University, e.g. scholarships, housing, libraries, laboratories, contact with course instructors, etc. In the case of non University scholarships, the regulations of the particular granting agency will apply. At the completion of a leave, a student will meet with the Program Director to plan his/her re-entry into the program.

By signing this form, I understand the conditions of this request and agree not to undertake any academic work toward my undergraduate degree program:

I request a leave for _________ terms, beginning ______________________and ending ______________________
Student _s Signature ________________________________________ Date________________________
____________________________________________________________________________________________

Section 2: To be completed by the Program Director, BScN Program.

I approve this request for leave. Number of terms: ___________ from _______________ to ______________________
Program Director’s Signature ________________________________________ Date________________________

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