

## 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 Addres	S	
Have you had a previous	leave? If yes, please state the dates ar	d duration	
Reason for Current Requ	est		
offered by the University the case of non Universit	y, e.g. scholarships, housing, libraries, y scholarships, the regulations of the	ersity, nor can they have access to the s laboratories, contact with course instruc particular granting agency will apply. A rector to plan his/her re-entry into the p	tors, etc. In t the
D			
	understand the conditions of this rea graduate degree program:	uest and agree not to undertake any	academic
work toward my under	graduate degree program:	uest and agree not to undertake anyand ending	
work toward my under I request a leave for	graduate degree program:		
work toward my under I request a leave for Student _s Signature	graduate degree program:	and ending	
work toward my under I request a leave for Student _s Signature Section 2: To be comple	graduate degree program: terms, beginning eted by the Program Director, BScN	and ending	

McMurrich Bldg., 12 Queen's Park Crescent, Toronto, ON, M5S 1A1.