University of Lethbridge

Master of Nursing
Application for Leave of Absence

Return completed form to masternursing@uleth.ca

Submission Deadline:
Two weeks prior to the start of the LOA

Prior to completing this form, ensure that you have read 'Leave of Absence' in the Graduate Studies Calendar.

Last Name **First Name**

U of L ID Number

Email Address

FOIP Notification: The personal information on this form is collected under the authority of the Post-secondary Learning Act (Alberta) and the Freedom of Information and Protection of Privacy Act (Alberta) to manage and process students' requests for leaves of absence in the Faculty of Health Sciences, University of Lethbridge. For questions on the collection, use and disclosure of this information, please contact the University's FOIP Coordinator, 4401 University Drive West, Lethbridge, AB T1K 3M4; 403-332-4620; foip@uleth.ca

Confirmation of intention to return to the program must be sent to masternursing@uleth.ca by March 1 (Summer or Fall return) or November 1 (Spring return)

Start of LOA (term)

End of LOA (term)

Rationale

Supporting Documentation Attached: ☐ Yes - document(s):
☐ No

Student Signature

_____ Date _____

Master of Nursing Program Committee Approval (Program Chair Signature)

_____ Date _____

School of Graduate Studies Approval (Dean or Designate Signature)

_____ Date _____