



Undergraduate Leave of Absence Request

University of Lethbridge ID Number:	Date Submitted:
Last Name:	First Name:
Program(s) (e.g. B.A.):	Major(s) (e.g. Sociology):
Faculty(ies)/School(s):	

LEAVE OF ABSENCE DATES: (Your leave can be a maximum of one year and must be submitted prior to the start of a term.)

Leave begins for this term (e.g. Fall 2025): _____
Return for this term (e.g. Fall 2026): _____

BACHELOR OF NURSING, BACHELOR OF EDUCATION, AND BACHELOR OF THERAPEUTIC RECREATION STUDENTS ONLY:

Your program requires continuous registration for practicum reasons. In order to submit a request for Leave of Absence, you require a signature approved by your Faculty Dean's office. This form will not be accepted for processing without an authorized signature below.

This student is approved for a Leave of Absence for the academic terms indicated above: Yes No

_____	_____
<i>Faculty/School Authorized Signature</i>	<i>Date</i>

ALL STUDENTS – DECLARATION:

By signing this form, I acknowledge that consulting an academic advisor prior to submitting this request for a Leave of Absence is strongly advised. I have reviewed the policy for undergraduate leave of absence communicated on the University's website in the [Academic Calendar](#). Any changes to my registration or student status may affect my eligibility for student loans, scholarships, or other sources of funding. If my application for a Leave of Absence is approved, I understand my responsibilities and how this may affect my program progression.

_____	_____
<i>Student signature required if submitting paper copy)</i>	<i>Date</i>

SUBMISSION:

Once complete, please save this form and attach it to an email addressed to student.records@uleth.ca from your '@uleth.ca' email address or submit a paper copy to the SEARS office.

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). Your information will be used for admission, registration, scholarships and awards administration; academic progress monitoring, planning and research; alumni relations; contacting you about University courses and services; and operating other University-related programs. The University of Lethbridge may share and disclose information within the University to carry out its mandate and operations. Specific data will be disclosed to the relevant student associations, and to the federal and provincial governments to meet reporting requirements. For questions on the collection, use and disclosure of this information, please contact the University's FOIP Coordinator at 4401 University Drive West, Lethbridge, AB T1K 3M4; email: foip@uleth.ca; tel: 403-332-4620.