



YORK UNIVERSITY SCHOOL OF NURSING
LEAVE OF ABSENCE FOR UNDERGRADUATE STUDENTS FORM

Please Print
Submission does not automatically guarantee approval.

Privacy: Personal information in connection with this form is collected under the authority of The York University Act, 1965 and will be used for educational, administrative and statistical purposes.

Form with fields: Surname, Given Names(s), Student Number, Program, Current York E-mail Address, Term Applying for Leave, Last Clinical Course Successfully Completed, Last Non-Clinical Course Successfully Completed.

Leave of Absence

- A Student Medical Certificate or other documentation will be requested.

I anticipate returning to complete my degree requirements on Session/Term/Year \_\_\_\_\_

Parental Leave

- A Student Medical Certificate may be required.

I anticipate returning to complete my degree requirements on Session/Term/Year \_\_\_\_\_

I understand that it is my responsibility to meet with the Undergraduate Program Director/Coordinator before re-entering the program, and demonstrate eligibility to return to a clinical course, as required.

Submit this form to your Undergraduate Program Director/Coordinator for recommendation and processing.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Only: Recommendation and Comments

- Recommend, Not Recommend, Not Eligible

Comments: \_\_\_\_\_
Undergraduate Program Director/Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUBMISSION DOES NOT AUTOMATICALLY GUARANTEE APPROVAL.

Students are advised that any conditions outlined for approval must be met. Should this not be the case, any approval granted may be withdrawn.

SUBMISSION DEADLINE

ALL COMPLETED FORMS MUST BE RECEIVED BY THE SCHOOL OF NURSING NO LATER THAN 15 DAYS AFTER START OF THE CURRENT TERM in a planned leave of absence.