

1822 East Mall, Vancouver, BC V6T 1Z1

REQUEST FOR A LEAVE OF ABSENCE			
Date:	UBC S	student Number:	
Name:			
E-mail Address:		Telephone:	
Withdrawing from:			
Year 1	Year 2	Year 3	
A Leave of Absence is gra granted upon application in		s for one year. A further one or the extension request.	e-year extension may be
Last Term of Attenda	ance:		
Intended Return Date	e:		
Reasons for Reques	ting a Leave:		
*****NOTE: You must cor School of Law by May 31 the Law Admissions Offi	l <sup>st</sup> of the year in whic	Application for Re-admiss	sion to the Peter A. Allard form can be obtained from
APPROVED BY:		DATE:	
Assistant Dean, Stude	 ents		

Please schedule an appointment with and return completed form to Tania Astorino, Assistant Dean, Students, Student Services Office. Tel: (604) 822-6350; Email: adstudents@allard.ubc.ca