

1822 East Mall, Vancouver, BC V6T 1Z1

REQUEST FOR A LEAVE OF ABSENCE

| Date:UBC Stu | Ident Number: |
|--|---|
| Name: | |
| E-mail Address: | Telephone: |
| Withdrawing from: | |
| Year 1Year 2 | Year 3 |
| A Leave of Absence is granted on a routine basis for granted upon application including the reasons for t | |
| Last Term of Attendance: | |
| Intended Return Date: | |
| Reasons for Requesting a Leave: | |
| | |
| *****NOTE: You must complete and return an Ap School of Law by May 31 st of the year in which y the Law Admissions Office.***** | oplication for Re-admission to the Peter A. Allard you are returning. This form can be obtained from |
| APPROVED BY: | DATE: |
| Assistant Dean, Students | |

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