

**UME
APPLICATION FOR
LEAVE OF ABSENCE FORM**

(To be sent to the Undergraduate Medical Education Office no later than one month before requested leave of absence where possible.)

This information is collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act, the Taxation Act (Canada) and the Statistics Act (Canada). It is required to evaluate your request for a leave of absence. If the leave is approved, this information will become part of the student record and it will be disclosed to relevant academic and administrative units on campus. Specific data elements will be disclosed to the Federal and Provincial governments to meet reporting requirements, and to the Graduate Students' Association in accordance with the affiliation agreement. Questions about the use of this information may be directed to the FOIP Advisor for the Faculty of Medicine located in the Dean's Office (403) 220-4246

Last Name	First Name	Middle Name(s)	UCID Number	Class of
Course/s	Rotation	Elective		

Reason for Leave Request: Year 1 Year 2 Year 3

Bereavement (____ of days) Care Giving Political, Civil, Provincial or Federal Service
 Academic Reasons Medical Maternity (_____ of time) Parental/Paternity
 Religious Exceptional *Personal *Conferences (Pre-clerkship students)

Please give a brief description of your reason for a leave request, and attach appropriate documentation. Some types of Leave will require an appearance at SARC.

**Clinical Clerks see attached Leave of Absence/Time Away Form*

Exact Dates of Requested Leave Total number of days: _____	From:	To:
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Current Funding (if applicable)	
Assistantships	Scholarships

I have read the MD program *Leave of Absence Guidelines* and I have read the SARC terms of reference www.ucalgary.ca/mdprogram/home/committees/student-academic-review and understand the policy pertaining to the leave of absence. I have discussed the leave and its implications with an Associate or Assistant Dean of the

UME (as applicable).		
<i>Student Name (Printed)</i>	<i>Student Signature</i>	<i>Date</i>

<i>Program Supervisor Name (Printed)</i>	<i>Program Supervisor Name (signature)</i>	<i>Date</i>
<i>Associate Dean (UME) name or designate (Printed)</i>	<i>Associate Dean (UME) or designate (signature)</i>	<i>Date</i>
<i>SARC Approval</i>		<i>Date</i>

For UME use only:
 Copy to Program Supervisor Update BAS Email Copy to Financial Aid (financialaid@ucalgary.ca)



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