(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.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name(s)</th>
<th>UCID Number</th>
<th>Class of</th>
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<tr>
<th>Course/s</th>
<th>Rotation</th>
<th>Elective</th>
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**Reason for Leave Request:**
- □ Year 1 □ Year 2 □ Year 3
- □ Bereavement (______ of days)
- □ Care Giving
- □ Maternity (______ of time)
- □ Political, Civil, Provincial or Federal Service
- □ Parental/Paternity
- □ Conferences
- □ Academic Reasons
- □ Medical
- □ Exceptional
- □ Personal
- □ Religious

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.

**Exact Dates of Requested Leave**

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<th>Total number of days: ______</th>
<th>From:</th>
<th>To:</th>
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**Current Funding** (if applicable)

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<th>Assistantships</th>
<th>Scholarships</th>
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- □ I have read the MD program Leave of Absence Guidelines and I have read the SARC terms of reference https://cumming.ucalgary.ca/mdprogram/about/governance 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).

- **Student Name (Printed)**
- **Student Signature**
- **Date**

- **Program Supervisor Name (Printed)**
- **Program Supervisor Name (signature)**
- **Date**

- **Associate Dean (UME) name or designate (Printed)**
- **Associate Dean (UME) or designate (signature)**
- **Date**

- **SARC Approval**
- **Date**

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

Leave of Absence
Effective December 2010 (Updated July 10, 2020)