



RECORDS, REGISTRATION + ADVISING
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 reghelp@ecuad.ca

UNDERGRADUATE REQUEST FOR A LEAVE OF ABSENCE FROM THE UNIVERSITY

Students may apply for a leave of absence from the University. A leave may be granted by the Registrar **for up to one year**, in which case the student will be guaranteed a space in their program when they return. Students leaving the University for more than one year must reapply for admission.

PERSONAL INFORMATION

The Records, Registration + Advising Office will mail you a letter to confirm that your request has been approved. This letter will include information on the steps you will need to take in order to return to your studies at the end of your leave. **You will continue to have access to myEC and your Emily Carr webmail while on your leave of absence.** Notices regarding your student account, including registration information, will be sent to your Emily Carr e-mail account.

Student Name: _____ Student Number: _____

Program: _____ Year Level: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Last Day of Attendance: _____

Signature: _____ Date: _____

REASON FOR LEAVE OF ABSENCE (check one)

<input type="checkbox"/> Medical (Physical)	<input type="checkbox"/> Family Circumstances	<input type="checkbox"/> Dissatisfied with program
<input type="checkbox"/> Medical (Mental Health)	<input type="checkbox"/> Financial Reasons	<input type="checkbox"/> Unsure of academic goals
<input type="checkbox"/> Other: Specify in the space provided below	Military Service	Letter of Permission

***INTERNATIONAL STUDENTS: Please speak with the International Advisor or e-mail intadvising@ecuad.ca before submitting this form to discuss how a leave of absence may affect your visas or permits.**

When do you intend to return to studies at Emily Carr?

Fall Semester Spring Semester Summer Semester Year: 20 _____

OFFICE USE ONLY			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> With Conditions	<input type="checkbox"/> Without Conditions
Authorizing Signature: _____		Date: _____	