

Request for Leave of Absence

(Undergraduate students only)

Registrar's Office Halifax NS B3M 2J6 (902) 457-6117 FAX (902) 457-6498 registration@msvu.ca

If you plan to return to your studies after a full year, you will have to complete a Reactivation form. If you plan to return to MSVU after a full year to a limited enrolment program: BA(CYS), BPR, or BEd degree, you MUST formally re-apply through the Admissions Office.

Student ID#	Last Name/Surname	First Name(s)/Given Name(s)		
Apartment/Street		Town/City	Province	Postal Code
Date of Birth	() Phone Number	Email		
Program of Study		Units Completed to Date	 e	
•	has changed since attending t rovide proof of name change (c	-	-	in your Mount
Term of Last Attenda	ance at the Mount (i.e. Fall 202	.2):		
Intended Return (i.e.	. Fall 2022):			
(
Date		Student Signature		
	ting this form, I certify that the info . If readmitted to Mount Saint Vinc rs.			
Note: It is the studer	nts responsibility to drop any co	urses that they may be regist	tered in during their leave of a	absence.
OFFICE USE ONLY				
		Yes		
Leave of absence a	authorized:	🖵 No		
Registrar's Office A	pproval			
Date				

Mount Saint Vincent University abides by PIPEDA and FOIPOP legislations. For further information on these legislations, consult the University Calendars.