



Faculty of Health Sciences
Student Program Services

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Phone: 403-329-2699
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Bachelor of Nursing Course Scheduling Request Form

Please note the following:

1. This form must be legibly completed in full or it will not be evaluated.
 2. Important correspondence will be sent to your U of L email address. It is your responsibility to check your email and inform us of any change of email address.
 3. Fall semester requests must be received by January 15; Spring semester requests must be received by September 15.
 4. The specific request (eg. 'No classes on Fridays') and reason for making the request (eg. 'Regularly scheduled appointments on Friday') must be valid and students must provide supporting documentation such as a note from a physician or counsellor.
 5. Keep a copy of this form for your own records.
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U of L ID Number

Last Name

First Name

Email Address

Phone Number

Please outline your request:

Reason for making request:

I, _____, have read this form in its entirety and attached documentation supporting my request.

Signature

Date

For office use only

