



Faculty of Health Sciences
Student Program Services

4401 University Drive, Lethbridge, AB T1K 3M4
Email: nursing@uleth.ca
Phone: 403-329-2699
Fax: 403-329-2668

Bachelor of Nursing Course Scheduling Request Form

Please note the following:

1. This form must be 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 February 1; Spring semester requests must be received by October 1.
4. The specific request (e.g. 'No classes on Fridays') and reason for making the request (e.g. 'Regularly scheduled appointments on Friday') must be valid and you must provide supporting documentation such as a note from a physician or counsellor.
5. This form must be submitted directly to nursing@uleth.ca
6. Keep a copy of this form for your own records.

U of L ID Number

Last Name

First Name

Email Address

Phone Number

Please outline your request:

Reason for making request:

My name and date below signifies that I have read this form in its entirety and attached documentation supporting my request:

Name

Date

For office use only

