



LEAVE OF ABSENCE (LOA) or REDUCED ACADEMIC HOURS FORM

Student Name:		Student ID:	
Email:		Faculty Advisor:	
Semester/Year:		Academic Level:	<input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4
Requesting:	<input type="checkbox"/> Leave of Absence <input type="checkbox"/> Reduced Academic Load		
Reason for Request			
Non-Academic:	<input type="checkbox"/> Personal Illness		
	<input type="checkbox"/> Critical Care of Family Member		
	<input type="checkbox"/> Adoption or Childbearing		
	<input type="checkbox"/> Financial or Job-Related Interruption		
	<input type="checkbox"/> Military service		
	<input type="checkbox"/> Other (describe):		
Academic:	<input type="checkbox"/> Describe:		
LOA Time Frame Requested:		to	

Terms for Leave of Absence: The student will graduate later than scheduled based on the original matriculation date. Failure to successfully complete conditions for the **Leave of Absence** within the agreed upon time frame will result in the student being placed on **Academic Dismissal** from the College of Pharmacy. Students on an approved leave of absence **MUST** submit a request to re-enter coursework **NO LATER** than 30 days before the scheduled return date. *Students must complete their course of study in 5 years or less, excluding the time allocated for an excused leave of absence.*

Additional information from student:

Student Signature:		Date:	
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Additional information from faculty advisor:

Faculty Advisor:		Date:	
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DOUMENTATION, NOTIFICAITON, AND SIGNATURES

Office of Academic Affairs or Designee:

Meet with Associate Dean of Office of Academic Affairs to	Comment
<ul style="list-style-type: none"> • Determine eligibility for LOA or reduced course load <ul style="list-style-type: none"> – Students failing one or more course(s) will need to obtain approval for their Leave of Absence from the Professional and Academic Standards Committee. – The signature of the course coordinator(s) is/are required for a request for a Leave of Absence if the student intends to return the same semester. 	
• LOA timeframe	
• Current academic standing	
• Confirmed passing all in-progress courses with $\geq 70\%$	
• New academic plan designed	
Readmission Request DUE DATE (at least 30-days to return date)	DUE:

Associate Dean of Academic Affairs Signature:		Date:
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Check here if PASC approval not required

PASC Chair Signature:		Date:
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Check here if acknowledgement from Course Coordinators not required

Course Number / Name	Course Coordinator Signature	Date
PHAR		
PHAR		
PHAR		
PHAR		
PHAR		
PHAR		
PHAR		
PHAR		

Other Required Signatures

Associate Dean of Student Affairs		Date:
Student Affairs Coordinator		Date:
Associate Dean for Experiential Education		Date:
Dean of College		Date:

Copy sent to each person signing on page 1 & 2 when the form is complete.