

LEAVE OF ABSENCE (LOA) or REDUCED ACADEMIC HOURS FORM

Student Name:		Student ID:	
Phone Number:		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	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.

Terms for Leave of Absence and Reduced Course Load: *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:	
--------------------	--	-------	--

Faculty Advisor Signature:		Date:	
----------------------------	--	-------	--

DOCUMENTATION, NOTIFICATION, AND SIGNATURES

Office of Academic Affairs or Designee:

Meet with Associate Dean of Office of Academic Affairs to:	Comment	
• Determine eligibility for LOA or reduced course load		
• LOA timeframe		
• Current academic standing		
• Confirmed passing all in-progress courses with $\geq 65\%$ (if not, requires PASC approval for a LOA)		
• New academic plan designed		
Readmission request DUE DATE (at least 30-days to return date)	DUE:	
		Date:
Associate Dean of Academic Affairs Signature:		

Students failing one or more course(s) will first need to obtain approval for their Leave of Absence from the Professional and Academic Standards Committee. (Failing is defined as $< 65\%$)

	Date:
PASC Chair Signature:	

Acknowledgement Signatures from the following Course Coordinators and/or Offices:

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.

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

Other Offices or Designees:

Office / Department	Signature	Date:
Associate Dean of Student Affairs		
Student Affairs Coordinator		
Associate Dean for Experiential Education		
Director of IPPE or APPEs		

Dean's Signature:

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