



PHARMD REQUEST FOR LEAVE OF ABSENCE APPLICATION AND ACTION PLAN

INSTRUCTIONS

Students enrolled in The University of Toledo Doctor of Pharmacy Program (PharmD) who do not expect to make progress towards degree requirements for a period of time due to personal, medical, call to active military duty, or other compelling reasons may request a leave of absence. To be eligible for a leave of absence, a student must be enrolled in the PharmD program and be making reasonable progress toward degree requirements. Prior to requesting a leave of absence, students are advised to review the complete **Pharmacy Student Leave of Absence Procedure found at the Pharmacy Tab, under College Procedures, also in the PharmD Student Handbook.**

Except in emergency situations, requests for a leave of absence should be submitted at least 30 days prior to the first day of the requested leave to allow sufficient time for review and approval.

PLEASE COMPLETE THE INFORMATION BELOW. Once the form is complete and signed, you may send it as an email attachment from your UTAD email to Dr. Holiday-Goodman at MONICA.HOLIDAY-GOODMAN@utoledo.edu. Or return hardcopy to:

College of Pharmacy and Pharmaceutical Sciences
Wolfe Center (Health Science Campus), Room HEB 155
3000 Arlington Ave., MS 1014
Toledo, OH 43614

PLEASE NOTE: It is the student's responsibility to ensure that they have met with all necessary College and University representatives as noted on the form prior to submission to the College of Pharmacy and Pharmaceutical Sciences (CPPS) for final review. All correspondence regarding Leaves of Absence will be sent to student's official University e-mail address. Final notification of the CPPS decision on the request will be sent via official University e-mail with a copy of the approved form if applicable.

Student Name: _____

Rocket ID: _____

Time period seeking leave of absence: From: _____

To: _____

Application Type:

Initial LOA Request

LOA Extension Request

Reason for Leave of Absence (select one):

Medical

Personal

Financial

Military

Justification for Leave of Absence

Why do you want to take the leave?

How will the leave of absence benefit you?

What steps will you take while on leave that will better prepare you academically (physically, mentally, emotionally, financially, etc.) for the next term? What will you accomplish during the proposed leave of absence?

Financial Aid Office

Have you spoken about a leave with a Financial Aid (FA) representative? YES Will

If yes, please indicate the name of the FA representative: _____

If yes, date when you discussed a leave with the FA representative: _____

Associate Dean (Academic or Student) Advising

Have you spoken about the leave with an associate dean? YES Will

If yes, date when you discussed a leave with the Associate Dean: _____

Academic Advisor Advising

Have you spoken about the leave with an academic advisor? YES Will

If yes, date when you discussed a leave with the academic adviser: _____

Visa Status (International Students Only)

Have you spoken about a leave with the Office of International Student Services representative? YES Will

If yes, please indicate the name of the representative: _____

If yes, date when you discussed a leave with Office of International Student Services representative: _____

Impact Assessment

Have you evaluated the impact of a leave of absence on:

Financial Obligations	Yes	No	N/A
Temporary suspension of Financial Aid			
Loan Repayment			
Prorated Tuition Reimbursement			
Loss of wages due to delayed graduation			
Graduation Date			
Possible Curricular Changes while on leave			
Returning to a new class of students			
Graduation delayed by at least one year			
Ability to graduate within the 6-year Time-to-Completion requirement			
Visa Status (international students)			
Possible loss of student Visa			
School Provided Technologies			
Loss of library and school supported technologies			
School Provided Health and Liability Insurance			
Loss of health and professional malpractice insurance			

Supporting Documentation

You understand that supporting documentation, i.e. physician's statement, may be required before the leave and return are granted

YES

NO

N/A

By signing below, I certify that I understand the following:

- If I am registered for the term for which I am requesting leave, I am responsible for complying with the registration policies governing the dropping or withdrawing of courses as established by the University Registrar. Course dropping or withdrawal does not negate my financial obligations, and I will be held responsible for all balances due to the university. For consideration of any variation from registration policies for reasons of extenuating circumstances, I must submit a Petition for Administrative Adjustment to the University Registrar (Policy 3364-71-16).
- Course withdrawal is not permitted after the established deadline for each term. If I am applying for leave of absence after the course withdrawal deadline, I should address grading and course completion issues with my individual instructors. For consideration of any variation from this rule for reasons of extenuating circumstances, I must submit a Petition for Administrative Adjustment to the University Registrar (Policy 3364-71-16).
- It is my responsibility to resolve all issues pertaining to registration, financial support, federal financial aid, and outstanding balances owed to the university. It is also my responsibility to consider potential implications of a leave on such matters as immigration status, health insurance, and loan repayment, if applicable.
- The purpose of an approved leave is to preserve my status in my professional degree program and to document that the approved time taken may be included in the time limitations for degree completion. A leave of absence approved in accordance with this procedure, does not constitute a leave of absence for federal financial aid purposes.
- I may not make significant use of university resources and services and I do not have the rights and privileges of a registered student during an approved leave of absence. I cannot fulfill any official department or university requirements during the leave period.
- I must complete and submit the Request to Return from Leave of Absence form to the Associate Dean of Student Affairs and email the appropriate IPPE/APPE Experiential Director at least 90 days prior to the start of the semester of desired

return. If I do not return within the approved period for which the leave is granted, I will be considered as having withdrawn from the PharmD program.

- I must complete the University of Toledo's Application for Readmission after my return from leave of absence is approved in order to register and to have the rights and privileges of a registered student.
- If extenuating circumstances necessitate requesting an extension of my leave of absence, I must request the extension at least 30 days prior to the termination date of the existing leave of absence. The extension request is subject to approval by the CPPS.

Student Name <i>(Please print)</i>	Student Signature	Date
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Office of Student Affairs Use Only

APPROVED

DENIED

Length of leave approved: *(maximum of 2 semesters or 12 months)*

Reason for Denial:

Term in which student is expected to return: _____

College Authorization

Associate Dean of Student Affairs <i>(Please print)</i>	Signature	Date
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- Notify student of approval or denial.
- Notify Director of Experiential of Leave approval
- Notify Director of Student Services, Professional Division of leave approval Process leave
- request and note expected return date in the students on leave data file
- Scan form and enter in Student File

Processed by: _____ Date _____