

**REQUEST FOR LEAVE OF ABSENCE (LOA)**

Name: \_\_\_\_\_  
Email: \_\_\_\_\_

Cell phone: \_\_\_\_\_  
UF ID#: \_\_\_\_\_

Address while on leave: \_\_\_\_\_  
Street/city/state/country

Term(s) of requested leave:

From  Spring  Summer  Fall \_\_\_\_\_ To  Spring  Summer  Fall \_\_\_\_\_

Month/day leave starts, if known: \_\_\_\_\_

Reason for requesting leave:

- Medical leave (please attach documentation)
- Other (please describe)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please note that approval of leave of absence does not automatically result in withdrawal from courses during a term. Student must also request for withdrawal form current course.  
Maximum duration of medical and/or personal leave is one year. If after the maximum permissible period of leave of absence the student does not return, it will result in an administrative withdrawal of the student from the College of Pharmacy.*

\_\_\_\_\_  
*Student Signature* *Date*

*To be completed by the Assistant Dean for Student Affairs*

\_\_\_\_\_  
*Assistant Dean for Student Affairs*  *Approved*  *Denied* *Date*

Comments: \_\_\_\_\_  
\_\_\_\_\_