

---

---

## READMISSION PETITION

1. Student's Full Name: \_\_\_\_\_ UFID #: \_\_\_\_\_
- Class: 1PD 2PD 3PD 4PD      Campus: GNV JAX ORL
- Local Address: \_\_\_\_\_
- Phone Number (+area code): \_\_\_\_\_ Email Address: \_\_\_\_\_
2. Do you plan to present your case in person?      YES    or    NO
3. Year you entered the College of Pharmacy: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_
4. Have you ever been on probation in the College of Pharmacy? \_\_\_\_\_
5. Number of terms completed in the College of Pharmacy: \_\_\_\_\_
6. During or subsequent to your attendance at UF CoP; (i) were you subject to any disciplinary action at any college or university; (ii) were you charged with, arrested or convicted of a crime (excluding minor traffic violations); or (iii) have there been other unfavorable incidents in your life that might be considered to have a bearing on your character or fitness to enter the pharmacy profession?  
Yes \_\_\_ No \_\_\_  
(If yes, give details in a separate statement)
7. Taking into account the Policies and Procedures for Petitions for Readmission, please state fully all the reasons why the Committee should grant your petition in an attachment to the petition. It is your responsibility to document all the facts relevant to your case. All supporting documentation must accompany this petition.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SUBMIT THIS FORM TO THE OFFICE FOR STUDENT AFFAIRS**

Email [anedriawilliams@cop.ufl.edu](mailto:anedriawilliams@cop.ufl.edu)