
OFFICIAL WITHDRAWAL FROM DOCTOR OF PHARMACY PROGRAM

Name: _____ Cell phone: _____
Personal Email: _____ UF ID#: _____
Permanent Mailing Address: _____

Reason for Withdrawal (check all that apply):

- Work conflicts
- Medical issues
- Military service
- Religious service
- Academic struggles
- Program or major not offered
- Transferring to another institution
- Financial issues
- Other: _____

Please note: Students are strongly encouraged to consult with Financial Aid before submitting this withdrawal request. International students should contact International Student Services prior to withdrawing.

If you expect to return, you should complete a Leave of Absence Request instead of a Withdrawal Request.

By signing this form, I understand that I am requesting withdrawal from the College of Pharmacy's PharmD program.

Student Signature

Date

Once a student submits this form, if the student seeks readmission, the student will be required to re-apply for admission through the standard admissions process. Students must meet the Assistant Dean for Student Affairs (Dr. Teresa Cavanaugh, TCavanaugh@cop.ufl.edu) prior to withdrawing from the program for an exit interview.