

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. Students must also request to withdraw from the current course. If a student receives an Incomplete in a course because of the Leave of Absence the grade will convert to a failing grade in 150 days but can be changed to the grade earned when the student finishes the course.

The 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: _____
