

**Student Professional Leave Form**

<b>Date:</b>
<b>Student Name:</b>
<b>Dates Requested for Leave:</b>
<b>Purpose of Leave:</b>
<b>Conference Dates:</b>

Approved

Not Approved

Preceptor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved

Not Approved

Experiential Program Director's, Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:** Janet Cooley, Pharm.D.,BCACP  
Coordinator of Experiential Education  
PO Box 210202  
Tucson, AZ 85721-0202  
**Fax: 520/626-7355**