PHARM D STUDENT LEAVE OF ABSENCE THE UNIVERSITY OF ARIZONA

The Status, **Pharm D Student Leave of Absence**, may be approved for one semester or one year for Pharm D degree program students. Students that do not return at the end of the approved leave will be required to apply for readmission to the College of Pharmacy. Use of University facilities is suspended while on leave. Student insurance is not available while on Leave of Absence. The time allotted toward your degree is not extended when you are on a Leave of Absence.

Note: The enrollment status of a student on a **Pharm D Student Leave of Absence** will be reported to lenders and loan servicing entities as 'not attending'. If you have a student loan, you are advised to contact your lender for information about your rights and responsibilities regarding repayment. Student will have to reapply for intern license with **Arizona Board of Pharmacy**.

x Student Signature		Date	
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(If reason is medical, please attach justification lett	er from your medical provider)		
Reason for Leave:			
Expected Graduation Date:			
Returning Semester:			
First semester:	Second Semester: (if app	econd Semester: (if applicable)	
REQUEST PERIOD OF TIME FOR TH	E LEAVE OF ABSENCE	${f E}$	
Last Semester Enrolled: (Spring, Fall, Sumi	mer I, Summer II, and year):	
	Degree.		
	Email: Degree:		
	Telephone:		
Name and Full Local Address (below)	Date:		
Student ID Nu			

COLLEGE RECOMMENDATION				
х				
Director Student Services Signature	Approved	Denied	Date	
x .				
Associate Dean Student Services	Approved	Denied	Date	

Signature