



Skaggs School of Pharmacy and Pharmaceutical Sciences

UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

Personal Leave of Absence

The maximum amount of time a student must complete the program is six-calendar years starting from the time the student enters the program. A student must meet with the Assistant/Associate Dean of Student Affairs (ADSA or designee) to explore the reason for taking a leave and discuss the curricular issues associated with a leave.

It is recommended that a student request a leave of absence well before the term begins or before the Drop/Add deadline to avoid being charged tuition and student fees for the semester. If the term begins and the Drop/Add deadline passes, students will not be refunded their tuition and fees for the semester and will receive grades of "W" on their transcript. No student shall be granted a leave of absence after the published last day of classes for the term. In some extenuating circumstances, students may qualify for tuition remission (please see separate policy).

Students seeking a leave of absence during an academic term who must withdraw from all courses must start with the "Course Withdrawal" section below. All other students may start with Section I.

COURSE WITHDRAWAL *(Complete only if applicable.)*

Course number

Course title

Course number

Course title

Course number

Course title

Course number

Course title

Course number

Course title

Course number

Course title

Course number

Course title

A student who receives a grade of W for a course in the required curriculum must retake the full course and pay full tuition and fees for the repeated course. If the course(s) in which the student received a grade of W is a prerequisite for other course(s), the course(s) must be completed prior to the student being allowed to enroll in course(s) for which the course(s) are prerequisites. A permanent grade of W will remain on the student's transcript for the course, but it will not impact the student's GPA.

Section I must be completed before seeking required signatures:

SECTION I: LEAVE OF ABSENCE

Student Name: _____ ID Number: _____

Permanent address: _____

Phone: _____ E-mail address: _____

Reason for leave: _____

Last term successfully completed: _____ Last term partially completed (if applicable): _____

Date/semester of expected return: _____

SECTION II: REQUIRED SIGNATURES

(The purpose of this process is to ensure you understand and have discussed potential consequences of this leave. ***Please have financial aid sign off first***)

Financial Aid: _____ Date: _____
303-724-8039 (Education II North | 3rd Floor Student Services Suite)

Bursars Office: _____ Date: _____
303-315-1800 (Education II North | Suite 3120A)

Student Insurance: _____ Date: _____
studentinsurance@cuanschutz.edu

_____ I have read, understand, and had my questions answered regarding procedures for leave of absence and course withdrawal found in the Scholastic Advancement and Appeals Policy.

_____ I understand that to return to school after a leave of absence period I must contact the Office of Student Services at least 45 calendar days prior to the first day of class for the semester in which I return.

_____ I have received a copy of this form.

Student Signature

Date Submitted

Office of Student Services Representative

Date Submitted