

Date received by OSS/DDP: _____ (Initials)

If seeking to withdraw after the withdrawal date deadline listed in the course syllabus, Scholastic Advancement and Appeals Committee (SAAC) approval is required.

SAAC Chair signature

Date

To be completed by student:

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

I agree to abide by the above terms relating to my attendance in the course from which I have withdrawn.

I understand that I may not be allowed to participate in any assessments or other activities related to the course.

I understand that to return to school after a withdrawal period I must contact the office of the program in which I am enrolled (OSS/DDP) 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 agreement.

Student signature

Date

Official designee signature (check one below)

Date

____ Entry-level Pharm. D. Program designee (OSS)

____ Distance Degree Programs designee (DDP)

For office use only:

Copy provided to student

Copy in student file

(Rev.1/20/16)