



**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: \_\_\_\_\_

***(Please have financial aid sign off first)***

Financial Aid Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_  
(Education 2 North – 3<sup>rd</sup> fl.- Student Services Area.)

Bursars Office: \_\_\_\_\_ Date: \_\_\_\_\_  
Bursar - 303-724-8032 (Education 2 North – 3<sup>rd</sup> floor - Student Services Area)

Student Insurance: \_\_\_\_\_ Date: \_\_\_\_\_  
LaVerne Loechel, Student Health Coordinator 303-724-7674 (Education 2 North – 3<sup>rd</sup> fl. rm. P28-3207)

Debt Management: (Contact Ms. Martinez - you do not need a signature)  
Linda Martinez, ([Linda.martinez@cudenver.edu](mailto:Linda.martinez@cudenver.edu))  
Debt Collection & Student Employment  
303-556-2937(UCD/A-005/Box 139  
<http://www.cudenver.edu/Admissions/Student+Employment/Student+Information/Student+Debt+Management.htm>

*Prior to petitioning the Assistant Dean for Student and Professional Affairs and/or the Scholastic Advancement and Appeals Committee for approval of your LOA and course withdrawals, this form needs to be signed by all of the above and returned to the Office of Student Services, Skaggs School of Pharmacy and Pharmaceutical Sciences, 12850 East Montview Boulevard, Aurora, 80045 Room 1116. The purpose of this process is to ensure you understand and have discussed potential consequences of this leave.*

**Note: Students seeking a leave of absence during an academic term who must withdraw from all courses must also complete Section II of this form.**

**SECTION II: COURSE WITHDRAWAL** *(Complete only if applicable.)*

\_\_\_\_\_  
Course number

\_\_\_\_\_  
Course title

\_\_\_\_\_  
Course number

\_\_\_\_\_  
Course title

\_\_\_\_\_  
Course number

\_\_\_\_\_  
Course title

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Course number

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Course title

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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.*

**To be completed by student:**

\_\_\_\_\_ 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*

\_\_\_\_\_  
*Signature of Assistant Dean for Students and Professional Affairs*

\_\_\_\_\_  
*Date Submitted*