LEAVE OF ABSENCE PROCEDURE

Students may request a Leave of Absence for personal, family or medical reasons. Students requesting a leave due to significant medical (physical or mental health), or a disability condition are encouraged to contact Disability Resources (www.d.umn.edu/access - Duluth) or (diversity.umn.edu/disability – Twin Cities) for additional support. To request a medical leave, please submit the completed U of M Medical Supplement form (http://policy.umn.edu/forms/otr/otr174.pdf) to provide medical documentation to the Director of Student Services. All medical documentation relevant to a disability should be processed through Disability Resources.

1. Please attach a letter when submitting this form that articulates the specific circumstances surrounding the need for the leave of absence and your plan to resolve these circumstances before returning. You may be required to provide supporting documents to further support or explain the justification for a leave of absence.

2. The request will be reviewed and a decision rendered as soon as possible. You will be responsible for communicating with your college advisor at agreed on times during a leave of absence to discuss progress toward returning to full time status.

3. When initiating a leave of absence, you are responsible for the following all of which your advisor can assist you with securing proper forms and procedures:
   a. Withdrawing from your courses – note the following:
      i. Withdrawing from any course after the course’s drop deadline (typically two weeks into the semester) will result in a “W” grade for the course dropped.
      ii. If the leave is requested after the course withdrawal deadline (typically 11 weeks into the semester), you will need to petition the Academic Standing Committee to withdraw from your courses. If withdrawal is not permitted, you’ll need to either accept the current grade you’ve earned for the course or work with faculty on an individual basis to arrange for incompletes in every course you’re unable to complete prior to your leave.
   b. Notifying the Office of Experiential Education to discuss arrangements for upcoming IPPES/APPEs
   c. Ascertaining impact on financial aid and potential repayment
   d. Filing for a Tuition Refund (if applicable)
   e. Submitting a Disability claim (https://shb.umn.edu/students-and-scholars/ahc-disability)

In most circumstances a letter from a health professional will be required to confirm your readiness to return to the program after a leave. You will be notified by the Director or Student Services at the time your leave is granted if a “readiness to return” letter or any other requirement will be mandated as terms of your leave.

I am requesting a leave of absence from the College of Pharmacy from _________________ to _______________.

(date) (date)

I understand that if I do not return by the date listed above, meet requirements of the terms of my leave (if applicable), and/or apply for an extension of this leave of absence, I forfeit my status as a student in the College of Pharmacy. I certify that I have read and understand the contents of this form.

Student’s name (print): _____________________________________________________________

Student’s signature _____________________________________________________________ date: __________________________

I approve this request for a leave of absence from the University of Minnesota College of Pharmacy.

Sr. Associate Dean _____________________________________________________________ date: __________________________

Director of Student Services _____________________________________________________ date: __________________________