



TOURO COLLEGE-NY

Harlem

Middletown

LEAVE WITHDRAWAL TRANSFER

College of Osteopathic Medicine

College of Pharmacy

Program: DO

Masters of Science

Pharmacy

Leave of Absence (LOA) _____

Voluntary Withdrawal _____

Transfer _____

LOA Type: Medical Compassionate Academic Maternity Military Research

NAME Last First Middle

ADDRESS Street City State Zip Code

TELEPHONE () Student ID # CLASS OF (REQUIRED)

Citizenship or Visa Status (circle one) US Citizen/Permanent Resident Visa N/A

Semester of Leave (circle one) Fall Spring Summer 20

Expected Semester of Return (circle one) Fall Spring Summer 20

Access to Blackboard required while on LOA YES NO

Last day of class participation (if requested mid semester)

Reason for request

PRIOR TO LEAVING CAMPUS IT IS NECESSARY TO OBTAIN THE FOLLOWING SIGNATURES

Preclinical Dean/Clinical Dean Date Student in good standing Y N

Director of Financial Aid Date Student in good standing Y N Reportable LOA Non-Reportable LOA

Dean of Student Affairs Date Student in good standing Y N

Bursar Date Student in good standing Y N

Dean & CAO Date Student in good standing Y N

Student understands that the terms of their leave are governed by the requirements of the Student Handbook. Student further acknowledges the Maximum Time Frame rule which states that all degree requirements must be completed within six years following the date of matriculation. Student also acknowledges that should I choose to withdraw from the program and wish to re-enter at a later date, I must re-apply for admission and, if accepted, assume the status of a new student. Student acknowledges that they are required to contact the Registrar's office at least 30 days prior to returning to school. Student understands that withdrawal from the Program may trigger tuition and/or financial aid repayment liability. Leave of absence extensions must be approved by the Program Director, Dean and Dean for Student Affairs. A leave of absence is not effective until this form is properly completed and delivered to the Office of the Registrar and recorded in the system of records. Until you are notified by the Office of the Registrar that the leave has been approved, you should assume that you are expected to fulfill your academic and or financial responsibilities.

Student's Signature Date of Request

ACTION BY OFFICE OF THE REGISTRAR:

LOA effective as of (Date) Request Processed by (Date)

Student notified by (Date)