TOURO COLLEGE OF PHARMACY

230 West 125th Street New York, NY 10027

ACTION BY OFFICE OF THE REGISTRAR:

LOA effective as of (Date) ______ Request Processed by Phone (646) 981-4700 Fax (212) 678-1780

LEAVE OF ABSENCE WITHDRAWL **TRANSFER** Type of Leave: Compassionate Academic Maternity Military Research Medical Middle ADDRESS City State Zip Code TELEPHONE () Student ID # CLASS OF (Required) Visa N/A Citizenship or Visa Status: US Citizen Permanent Resident Semester of Leave Expected Fall 20 Spring Fall Semester of Return Spring 20 Last day of class/Clinical Rotation participation (if requested after semester started) Please specify rotation(s) completed _____ Reason for request PRIOR TO LEAVING CAMPUS IT IS NECESSARY TO OBTAIN THE FOLLOWING SIGNATURES Associate Dean for Academic Affairs Date Director of Financial Aid Date Y N Student in good standing Student in good standing Reportable LOA

Non-Reportable LOA Date Associate Dean for Student Affairs Date Bursar Y N Student in good standing Student in good standing Y N Dean & CAO Date Y___N_ Student in good standing 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**

Student notified by

(Date)