| ORIGINATOR: | Student Affairs Committee | DATE: | May 3, 2013 |
| DATE EFFECTIVE: | May 21, 2013 | DOCUMENT #: | SA-00009 |
| TITLE: | Leave of Absence Policy | REVISION LEVEL: | 00003 |

**APPROVAL SIGNATURES and DATE:**

Faculty approval by vote:

☐ approved ☐ disapproved ☐ request meeting

**Associate Dean of Student Affairs:**

[Signature]

**Dean of the School of Pharmacy:**

[Signature] Date: 5/21/13

**Notes:** This document is based on revisions reviewed by UWYO legal and the College of Health Sciences Associate Dean of Academic Affairs
Leave of Absence Policy

The academic requirements in the professional pharmacy program must be completed in a maximum of 6 years. This time period includes 4 years of coursework and professional experiences, and takes into account any approved leave of absence. Students shall be terminated from the program if graduation is not achieved at the end of the 6th year from their initial admission date to the professional program.

Leaves of absence will be reviewed by the School of Pharmacy (SOP) Student Affairs Committee (SAC) and acted upon following deliberation on a case by case basis. Appropriate documentation is determined by the Associate Dean of Academic and Student Affairs based on consultation with the Dean of the School of Pharmacy, if necessary. The consent or denial of a leave petition is finalized by the Dean of the SOP and communicated to the student via a signed letter.

1. **Definition:** A leave of absence grants a student time away from the program and allows them to return to the program into the semester of the curriculum in which they were last enrolled. The student must withdraw from all coursework. As a student on a leave of absence is not considered an active student of the SOP during this time, no University of Wyoming (UW) or SOP business may be conducted, and the student should not represent UW or the SOP in any capacity.

Two types of leaves of absence are recognized: medical leaves and personal leaves. A medical leave is a serious issue that results from either psychological or physical trauma that makes it impossible for the student to continue successfully. A personal leave can be the result of extenuating personal circumstances that make it difficult for the student to successfully continue in the program.

2. **Process and Documentation:** The student submits the completed University of Wyoming School of Pharmacy Leave of Absence Petition directly to the Manager of Student Services. To complete the form, the student consults with their academic advisor. The form must be completed in its entirety, including proper validating documentation. A medical leave of absence will require that students provide a letter of support from a certified health professional by the end of the academic semester, at the latest. For personal leaves of absence, supporting documentation to establish the need for the leave will also be necessary. Additional information may be requested by the Associate Dean of Academic and Student Affairs or the SAC.

The submitted petition should include a written plan that describes how the time off will be used to enhance the student's ability to be successful upon returning to the program. Additionally, the student should designate a preliminary plan for return to program, which will be reviewed with their academic advisor prior to the student's return to the program.
A leave of absence requested due to academic failures past the withdrawal periods for courses will not be considered by the committee.

Students who are granted a leave of absence must not have concurrent incompletes "I" granted during this period. If a situation arises where a leave is granted following an independent faculty granting of an “I”, the student is responsible for ensuring that the "I" is removed either by completion of the course or withdrawal before the leave can begin.

Any student requesting a leave of absence AFTER the designated time to last withdraw from classes MUST withdraw via an administrative withdrawal as outlined by the Dean of Students Office.

3. **Status:** The student will follow the curriculum and policies in effect at the time of re-entering the program, including all curricular changes that may have happened during the absence.

4. **Matriculation:** The student must have been matriculated during at least one semester of the professional program prior to requesting a leave of absence. If a student is accepted into the program and finds themselves in a position where they cannot attend, they may petition to have their admittance deferred to the next academic year. This deferral must be approved by the Dean of the SOP and communicated to the entering student in the form of a written letter.

5. **Duration and Number of Leaves:** A leave of absence may be approved for a maximum of two consecutive spring and fall semesters.

   No more than two SOP leaves of absence will be approved by the SAC.

An extension of a leave of absence may be approved by the SAC on a case by case basis. Appropriate documentation supporting the extension must be presented. However, the maximum of 6 years to complete the Doctor of Pharmacy academic requirements will still be upheld. Exception will only be made in very extenuating circumstances. Accordingly, based on the 6-year rule, a student could have a total of two (2) one-year leaves of absence and not violate the 6-year rule since the normal expected time to complete the Doctor of Pharmacy program is 4 years. Reasonable consideration on a case by case basis based on the academic record shall be utilized in making this determination if a petition is received that extends past the 6-year rule.

6. **Other University Policies:** This leave of absence policy is consistent with the College of Health Sciences policy and does not alter absences that are granted pursuant to University Regulation 6-713.
University of Wyoming School of Pharmacy
Student Leave of Absence Request Form

To Be Completed by Student:

Student Name: ___________________________ Date: ________________

Address (Current): ______________________ City __________________ State ______________ Zip ______________

Telephone (Current): ____________________ Advisor: ______________

Please answer the following in the subsequent pages at the end of this petition:
1. Circumstances requiring petition (In detail, including previous leave requests.)
2. Reasons why you believe the petition should be approved.
3. A brief description of how the student will utilize the leave to help enhance their future success.
4. Plan of Study for return to the program. (Please fill out the course request worksheet attached to this form.)
   The student will review this plan with their academic advisor upon return to the program
5. Include documentation from a certified professional in support of the leave. This documentation should be in
   the form of a letter explaining the situation without compromising privacy.

Advisor Comments:

Student Signature: (required) ________________________________

Advisor Signature: (required) ________________________________
1. Circumstances requiring petition (In detail, including previous leave requests)

2. Reasons why you believe the petition should be approved.

3. Plan of Study

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4. Please describe how the time away from the program will be utilized to help with future success. Also, please indicate a preliminary plan for return to the program which will be reviewed with your academic advisor upon return from the leave of absence.

5. Include documentation from a certified professional in support of the leave. This documentation should be in the form of a letter explaining the situation without compromising privacy.