**UNIVERSITY OF WYOMING**

School of Pharmacy Document

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<thead>
<tr>
<th>ORIGINATOR:</th>
<th>DATE generated: August, 2008</th>
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<tr>
<td>Student Affairs Committee</td>
<td>August 2008</td>
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<tr>
<th>DATE EFFECTIVE:</th>
<th>DOCUMENT #:</th>
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<tr>
<td>Fall 2008</td>
<td>SA-004</td>
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<tr>
<th>TITLE:</th>
<th>REVISION LEVEL:</th>
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<td>Policy and Procedures for Repeating of Courses by Students Re-admitted to the Pharmacy Program</td>
<td>004-SAC</td>
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<th>Faculty approval by vote:</th>
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<tr>
<td>__ approved ___ disapproved</td>
<td>request meeting</td>
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**APPROVAL SIGNATURES:**

- Assoc. Dean for Student Affairs
- Assoc. Dean of Pharm. Sciences
- Dean of School of Pharmacy

**NOTES:**

Policy approved by faculty vote 8-22-08. Procedure not yet approved. by

**online vote 8-29-08.**
Repeating of Courses by Students Re-admitted to the Pharmacy Program

Policy
Students re-admitted to the professional pharmacy program must repeat all coursework. Process for petition for waiver of courses is available through the Student Affairs Committee.

Guidelines and Procedure to handle petitions for courses previously taken by students re-admitted to the Pharmacy Program

1. The student will develop and submit through the academic advisor an initial plan of study for the first 3 years of the pharmacy program, identifying the following:
   a. The course(s) to be considered for waiver, accompanied by a complete justification for each course.
      Note: Courses with previous grades of C, D, or F must be repeated. The final decision will take into account changes to the course contents over time, modifications of course structure, alteration of number of credits, and other pertinent information during the deliberations.
   b. Specific electives (course number and title) to replace the credit hours of waived courses (according to the School of Pharmacy Electives Policy).
   c. Applicable semesters and years of the School of Pharmacy curriculum that may be affected.

2. It is the advisor’s responsibility to forward the documentation to the Student Services Office, which will bring them to the attention of the Student Affairs Committee.

3. The student’s academic advisor and the Student Affairs Committee will review the proposed plan of study, and a recommendation from the advisor will be provided to the committee, as the first step of the petition process.

4. The Student Affairs Committee will contact each individual faculty member and/or course coordinator(s) for consultation about the waiver of the requirement to repeat a course.
   a. The instructor/course coordinator must complete the “Authorization to Waive Pharmacy Coursework Form” (attached), indicate if the petition is accepted or denied, provide a brief statement justifying the decision, sign it, and return it to the committee.
   b. Students are not allowed to petition individual faculty members or the Dean of the school for waiver of courses.
   c. Faculty members and/or course coordinator will not discuss the petition directly with the student.
5. The plan of study will be reviewed and waiver of courses will be approved on a semester by semester basis.

6. It is the student’s responsibility to submit a revised plan of study every semester for approval, prior to the end of the previous semester, and any time the previously submitted plan becomes inaccurate or obsolete.

7. Should the student receive a grade of D or F during any course taken while in the pharmacy program, the approved plan of study becomes **null and void**, and the student loses the right to petition for further coursework waiver (all courses must be repeated).

8. The Student Affairs Committee will make a recommendation to the Associate Dean for Student Affairs, who sends a letter to the student informing of the decision.

9. If the student follows the pharmacy curriculum successfully he/she earns the right to petition the Student Affairs Committee for any further coursework not waived through the initial plan of study submitted at the time of re-admission to the program.

*Online approval on Aug.29, 2008 by the SOP faculty.*
Authorization to Waive Pharmacy Coursework- Readmitted students

Student name: ________________________________________________________________

Class of __________

Course number and name: ______________________________________________________

Semester the course is taught:
   Fall   □
   Spring □

Faculty member and/or course coordinator name(s):
_________________________________________________________________________
_________________________________________________________________________

Decision:

□ Approved     Signature: _____________________________________________________

□ Denied       Signature: _____________________________________________________

Justification for denial:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________