Professional Leave Request Form

Student Name:

Email Address:

Classification: P1   P2   P3   P4

Number of Days Requesting: Dates Requesting:

Purpose/Location of Leave:

Courses To Be Missed:
You must list rotations and any course that you will miss with required attendance, a quiz or test.

Course Number   Course Name   Faculty/Preceptor Signature

Course Number   Course Name   Faculty/Preceptor Signature

Course Number   Course Name   Faculty/Preceptor Signature

Course Number   Course Name   Faculty/Preceptor Signature

Student Signature   Date:

Office of Professional Affairs Approval: Date:

The Office of Professional Affairs will the the official professional leave granting department. All requests for professional leave will be processed through this office.

Students are responsible for informing and obtaining approval for the leave from course team leaders and/or preceptors in significant advance of the leave. **This completed form must be received by the Office of Professional Affairs at least one week before the requested leave.** Leave requests will not be processed without signatures from all faculty/preceptors.

Documentation of student attendance at the event is to be submitted within one week of the leave. Students who obtain professional leave and do not attend the event will be deemed to be in violation of the Code of Professional and Academic Conduct of the School of Pharmacy.

The Office of Professional Affairs will consult with the Office of Experiential Programs regarding requests for professional leave from clerkship well as with didactic course leaders prior to granting approval.

Request for leave may be denied if there are significant concerns regarding a student's academic progress should the leave be granted.