



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) \_\_\_\_\_



TOURO COLLEGE

**ADD - DROP FORM**

TOURO I.D. NUMBER

Name (Last)		(First)	(MI)	Sec. Sec. No.	
Local Address (No. & Street)		City	State	Zip Code	
CIRCLE ONE: Fall   Spring   Summer I   Summer II   20__				Phone	

GEP  
  HS  
  ISB  
  LAS  
  MJS  
  SCAS  
  SGS  
  SLE  
  TCC  
  Other (Specify)

LETTER	COURSE #	SECTION	TITLE	CREDIT	DAY	TIME	CENTER
A D D							
D R O P							

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

COMMENTS: (Office Use Only)	Advisor	Date	Date Received
	Bursar (For Adds Only)	Date	Date Entered

**Warning: Adding or dropping coursework may result in a financial liability.**