

**University of Missouri-Kansas City**  
**School of Pharmacy Petition Form** *(Must be typed)*

STUDENT NAME: \_\_\_\_\_ UMKC ID #: \_\_\_\_\_  
Last First MI

Telephone # (with Area Code): \_\_\_\_\_ UMKC Email: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

Year: *(circle one)* P1 P2 P3 P4 Other

**PETITION OBJECTIVE:**

- \_\_\_ Request Leave of Absence
- \_\_\_ Request Modified Plan of Study
- \_\_\_ Request Readmission after Academic Dismissal
- \_\_\_ Appeal Readmission Contract
- \_\_\_ Other \_\_\_\_\_

**PETITION JUSTIFICATION:** Be specific and address all relevant issues. *(Please attach additional pages as needed.)*

**ATTACHMENT(S):** Please list here any documents you attach to your petition.

**SIGNATURES:**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Advisor *(Current Pharm.D. Students Only)*: I have reviewed this petition and \_\_\_\_\_ support \_\_\_\_\_ do not support it.  
*(Please justify)*

Faculty Advisor Name/Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***\*Both the Student and Faculty Advisor (if current Pharm.D. student) signatures are required before the petition will be further reviewed.***

**PETITION DISPOSITION:**

- \_\_\_ Approved/Date \_\_\_\_\_
- \_\_\_ Denied/Date \_\_\_\_\_
- \_\_\_ Tabled/Date \_\_\_\_\_

***\*Required signatures depend on the objective of the petition***

School of Pharmacy Associate Dean Name/Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Committee Chair Name/Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please submit the completed petition form and attachments to:**  
Director of Student Affairs – Office of Student Affairs HSB 1219  
[Janasz@umkc.edu](mailto:Janasz@umkc.edu)