Doctor of Pharmacy Program Student Academic Progression Plan (revised 12-13)

The following Academic Progression Plan describes a quarter-by-quarter course of action for completion of academic coursework and progression through the PharmD Program.

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NOTES:

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ACADEMIC PROGRESSION: Please refer to the Student Handbook for policies/procedures regarding academic progression in the PharmD Program.

□ ACADEMIC WARNING and PROBATION:
A PharmD student whose cumulative University GPA and/or School of Pharmacy cumulative Professional GPA falls below 2.00 in his or her first quarter at the University will receive an Academic Warning. If a cumulative University GPA and/or School of Pharmacy cumulative PGPA of 2.00 is not achieved by the end of the next quarter, the student is placed on academic probation

□ ACADEMIC WARNING GIVEN: Date: ________________________________________

□ ACADEMIC PROBATION PLACEMENT: Quarter/Year: __________________________________________________________________

□ DELAYED PROGRESSION (NOT MEETING THE PREREQUISITE FOR A COURSE OR COURSE SERIES, LEAVE OF ABSENCE, ADMISSION, RETENTION AND GRADUATION STANDARD, etc)

REVIEWED CAMPUS RESOURCES AVAILABLE
□ UW Counseling Center
□ Hall Health Student Health Center
□ UW Student Disability Services Office
□ UW Writing and Research Center
□ UW Office of Student Financial Aid
□ Other:__________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

□ REFERRALS:
□ UW Counseling Center
□ Hall Health Student Health Center
□ UW Student Disability Services Office (student may contact directly)
□ Other:__________________________________________________________________________
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TIMELINE FOR REVIEW:
□ After each exam
□ At the end of each quarter until off probation
□ Other:__________________________________________________________________________
______________________________________________________________________________
APPROVED LEAVE OF ABSENCE (IF APPLICABLE)

□ Start date: __________________________________________________________________________________________
□ Planned Return date: ______________________________________________________________________________________

DISCUSSION AND AGREEMENT ON ACADEMIC PLAN IS ACKNOWLEDGED BY THE FOLLOWING SIGNATURES**:

Student (Print name and sign): ____________________________________________________________ Date: __________________________

Advisor/Faculty (Print name and sign): __________________________________________________________ Date: __________________________

Approved by School of Pharmacy Academic and Professional Standards Progress Committee:
Signature (Print name and sign): ____________________________________________________________ Date: __________________________

**Original to be placed in student file, Copy to be given to student.

REVIEWS:

REVIEW DATE: __________________________

Academic Plan revised:
□ NO □ YES
□ NOTES:
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
Advisor signature: _________________________________________________________________________________________________________
Student signature:  ____________________________________________________________