



LEAVE OF ABSENCE FORM

Mr.
 Ms. First Name: _____ Last Name: _____
 Columbia ID: _____ E-mail: _____

Current Student Status:

Special MS MS/Ph.D.
 Ph.D. Professional DES

Current Academic Department:

APAM BIOM CEAC
 CEEM COMS ELEN
 EAEE IEOR MECE

Check all that are appropriate:

U.S. Citizen Permanent Resident
 International Student Financial Aid Recipient
 Reside in University Apartment Housing Columbia Video Network Student

Are you fully-funded by your department? Yes No

LEAVE OF ABSENCE INFORMATION & CRITERIA

- ◆ Leaves are granted for a maximum of 1 year.
- ◆ **Attach a written statement containing an explanation for requesting a leave of absence.**
- ◆ Students who take leaves for other than medical reasons relinquish their housing privileges.
- ◆ Students who fail to return from approved leaves of absence will be withdrawn from the university.
- ◆ Students who fail to register without approval for a leave will be withdrawn from the university.
- ◆ Students must be degree candidates, have completed 1 semester of study, and have a minimum grade point average of 2.5.
- ◆ **Please note that if you are registered for courses, you will be withdrawn for the term that you request a leave. The date that your completed and signed form (by both you and your department) is submitted to Graduate Student Services will be used to assess any possible tuition refund.**

I request a leave of absence for the following academic period:

Beginning Date: _____

I will return to classes: Fall Spring 20____

Print Student's Name: _____ Student's signature: _____

Departmental Faculty Advisor Approval:

Graduate Student Services Office Approval:

Print Name: _____ Signature: _____ Date: _____	Print Name: _____ Signature: _____ Date: _____
--	--

Copies to: Student Student File ISSO Housing
 Department GSAS Financial Aid & Educational Financing