

## Columbia University in the City of New York The Fu Foundation School of Engineering and Applied Science

Office of Graduate Student Services • 524 S. W. Mudd • (212) 854-6438

## LEAVE OF ABSENCE FORM

| □ Mr.  | Y (2)   |
|--|---|
| ☐ Ms. First Name:  | Last Name:  |
| Columbia ID: E-  | -mail:  |
| Current Student Status:  ☐ Special ☐ MS ☐ MS/Ph.D.  ☐ Ph.D. ☐ Professional ☐ DES ☐   |   |
| Check all that are appropriate:  ☐ U.S. Citizen  ☐ International Student  ☐ Reside in University Apartment Housing   | <ul> <li>□ EAEE</li> <li>□ IEOR</li> <li>□ MECE</li> <li>□ Permanent Resident</li> <li>□ Financial Aid Recipient</li> <li>□ Columbia Video Network Student</li> </ul>   |
| Are you fully-funded by your department?   | $\Box$ Yes $\Box$ No  |
| <ul> <li>◆ Attach a written statement containing an explana</li> <li>◆ Students who take leaves for other than medical reas</li> <li>◆ Students who fail to return from approved leaves of</li> <li>◆ Students who fail to register without approval for a leave of the students must be degree candidates, have completed point average of 2.5.</li> <li>◆ Please note that if you are registered for courses, request a leave. The date that your completed and department) is submitted to Graduate Student Secreture.</li> <li>I request a leave of absence for the following academic Beginning Date:</li> <li>I will return to classes: □ Fall □ Spring</li> </ul> | sons relinquish their housing privileges. absence will be withdrawn from the university. leave will be withdrawn from the university. It is semester of study, and have a minimum grade  you will be withdrawn for the term that you and signed form (by both you and your ervices will be used to assess any possible tuition  c period: |
| Departmental Faculty Advisor Approval:   | Graduate Student Services Office Approval:  |
| Print Name: Signature: Date:   | Print Name:  Signature:  Date:  |
| Copies to: ☐ Student ☐ Student File ☐ Department ☐ GSAS  | ☐ ISSO ☐ Housing ☐ Financial Aid & Educational Financing  |