

Request for Leave of Absence

Students pursuing degrees, certificates or certifications who must interrupt studies for a compelling reason may be granted a leave of absence for a stated period, usually not to exceed one year. As students are not registered for classes during a leave of absence, they may not use Universities facilities. Approved leaves are entered on a student's permanent academic record. The period of a leave of absence is not counted as part of the time allowed for completion of degree requirements.

Please send the completed form to your academic advisor for review. After receiving approval from your academic program, the form will be submitted to the Office of Student Affairs for processing.

First Name: _____ Last Name: _____

Columbia UNI: _____ Alternate Email Address: _____

CU ID Number (PID): _____ Academic Program: _____

Term(s) for which you are requesting a Leave: _____

Are you enrolled in the Columbia University Health Insurance Plan? _____

Are you an international student? _____

Are you a Federal Aid recipient? _____

If yes, please indicate the type of Federal Aid program you participate in: Title IV Title VII Both

Reason for requesting Leave of Absence – *Attach appropriate documentation*

Student's Signature: _____ Date: _____

Program Director's Signature: _____ Date: _____

*You will receive an email from Student Affairs once your form has been processed. During high volume periods, this may take up to two weeks; we thank you for your patience.

**Please reach out to your academic advisor with any questions.