Leave of Absence Request Form

Please make an appointment with your academic advisor to complete this form together. The deadline to request a leave of absence is the last day of classes for the term in which you are requesting the leave.

Please select the type of leave you are requesting:

❏ **Voluntary Leave** - A voluntary leave from the University is granted to students who wish to take time away from their studies for a variety of reasons, including employment opportunities, personal or family circumstances, the desire to travel, or simply to gain perspective on their academic and career priorities. A voluntary leave can be granted for a minimum of one term and a maximum of one year.

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❏

Change in Professional Goals/Interests

❏

❏

❏

❏

❏ Employment – New Job

Employment – Career Change

Employment – Other:

Financial Difficulty

❏

Health/Well- Being – Family

Family Responsibilities

Travel Plans

**Medical Leave** - Students who must interrupt study temporarily because of illness or injury may take a medical leave of absence, contingent upon the submission of documentation from a health-care professional confirming that the student is unable to engage in study. A medical leave can be granted for a minimum of one term and a maximum of two years for SPS students.

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**Military Leave** - Any student who is a member of a reserve component of armed forces and is called or ordered to active duty will be granted a military leave of absence for this period and for one year thereafter.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: | | | Last Name: | | | | |
| UNI: | | | CUID/PID Number: | | | | |
| Academic Program: | | | Primary Telephone: | | | | |
| Columbia Email: | | | Personal Email: | | | | |
| Are you a federal aid recipient? | Yes | No | Are you a Veteran? | | | Yes | No |
| Are you an international student on a student visa? | | | Yes | | | No | |
| Are you enrolled in Columbia Health Insurance Plan? | | | Yes | | | No | |
| Are you a Columbia University Employee? | | | Yes | | | No | |
| Do you live in on-campus housing? | | | Yes | | | No | |
| Last Date of Class Attendance: |  | | Date Form was Submitted: | | |  | |
| If approved, I plan to return to my studies beginning: | | | Fall | Spring | Summer | 20 | |

**Required Additional Documentation:** The following additional documentation must be submitted to your academic advisor no later than one week after submitting this form.

* **Medical leaves for physical or psychological reasons**: A letter from a health-care provider.
* **Military leaves**: Attach a copy of your military orders.
* **Voluntary leaves**: Attach a letter explaining your circumstances and detailing the reason for the leave.

***By signing below, I certify that I have reviewed & understand the SPS policy on requesting and returning from a leave of absence.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Printed Name: | | Student Signature: | | Date | |
| Academic Director Signature: | Date: | | Advisor Signature: | | Date: |

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