

# 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.
  - 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.
- 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.

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:		