

LAST NAME:	FIRST NAME:	CUID/PID: <i>C00</i>	<i>[refer to SSOL]</i>
COLUMBIA (UNI) EMAIL ADDRESS:		NON-COLUMBIA EMAIL ADDRESS:	
MAILING ADDRESS:		TELEPHONE:	
ALTERNATIVE MAILING ADDRESS:		ALTERNATIVE TELEPHONE:	
DEPARTMENT OR PROGRAM:			
<input type="checkbox"/> M.A. only	<input type="checkbox"/> M.A./M.Phil./Ph.D.	MONTH AND YEAR OF M.PHIL. AWARD (PH.D. STUDENTS ONLY):	CITIZENSHIP OR VISA STATUS:
SEMESTER AND YEAR OF FIRST REGISTRATION IN GSAS:	SEMESTER AND YEAR OF MOST RECENT REGISTRATION IN GSAS:	LAST DATE OF CLASS ATTENDANCE:	
HAVE YOU APPLIED FOR OR RECEIVED FEDERAL LOANS TO PAY FOR ANY PART OF YOUR GRADUATE EDUCATION AT COLUMBIA?		ARE YOU CURRENTLY IN UNIVERSITY HOUSING?	
PLEASE INDICATE THE SEMESTER, YEAR, AND TYPE FOR ANY PREVIOUS LEAVES:			

I am requesting a

<input type="checkbox"/> MEDICAL
<input type="checkbox"/> MILITARY
<input type="checkbox"/> PERSONAL

 leave of absence, beginning in

<input type="checkbox"/> SEPTEMBER 202__
<input type="checkbox"/> JANUARY 202__

 and ending in

<input type="checkbox"/> DECEMBER 202__
<input type="checkbox"/> MAY 202__

MEDICAL LEAVES FOR PHYSICAL OR PSYCHOLOGICAL REASONS: A letter from a health-care provider must be submitted to GSAS no later than one week after submitting this form.

MILITARY LEAVES: Attach a copy of your military orders.

PERSONAL LEAVES: Attach a letter explaining your circumstances and detailing the reason for the leave request.

The complete policy regarding requesting and returning from a leave of absence is available online at gsas.columbia.edu/content/leaves-absence. Please note that a student will not be able to fulfill requirements for the degree during the leave.

I certify that I have reviewed and understand the GSAS policy on requesting and returning from a leave of absence.

STUDENT SIGNATURE _____
DATE

The student must either submit this form to the GSAS Office of Student Affairs in 107 Low Memorial Library or email it to gsas-studentaffairs@columbia.edu. The Office of Student Affairs will then forward this form to your department or program to complete the section below.

To be completed by the department or program and returned to the GSAS Office of Student Affairs:

Statement of Academic Standing

The above-named student is in good academic standing.

The above-named student is not in good academic standing. This student must meet certain conditions *after* returning from leave. *Please attach a separate document outlining the conditions that must be met, the timetable for their completion, and the consequences that will ensue should they fail to be completed.*

Signature: _____ Date: _____

Name and title: _____

FOR GSAS USE ONLY

STANDING REQUESTED _____

REGISTRAR ISSO

INTERNAL DATABASE UAH

TTD DATABASE DEPARTMENT

NOTE LETTER TO STUDENT

HOLD

RECEIVED IN OSA (DATE) _____