

## Leave of Absence

LAST NAME:		FIRST NAME:		CUID	/PID: <i>C00</i>		[refer to SSOL]
COLUMBIA (UNI) EMAIL ADDRESS:			NON-COLUM EMAIL ADDR				
MAILING ADDRESS:				TELEI	PHONE:		
ALTERNATIVE MAILING ADDRESS:			ALTERNATIVE TELEPHONE:				
DEPARTMENT OR PROGRAM:							
MA only	MA/MPhil/PhD	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 A MEDICAL MILITARY PERSONAL Heave of absence, beginning in PERSONAL							
<b>MEDICAL LEAVES FOR PHYSICAL OR PSYCHOLOGICAL REASONS:</b> 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.							
<b>PERSONAL LEAVES:</b> 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-							
<u>absence</u> . 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 submit this form via email to <b>gsas-studentaffairs@columbia.edu.</b> 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 prooram and	d returned to the GSAS Office o	f				
Student Áffairs:			,	_	AS USE ONLY		
Statement of Academic Standing					NG REQUESTED		
The above-named student is in good academic standing.							
The above-named student is <u>not</u> in good academic standing. This student r meet certain conditions <i>after</i> returning from leave. <i>Please attach a separate</i>			must		AL DATABASE		

Signature: \_ Name and title: \_

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. TTD DATABASE DEPARTMENT □ NOTE LETTER TO STUDENT HOLD \_\_\_\_\_ Date: \_\_\_\_\_ RECEIVED IN OSA (DATE)