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: 

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