

Student Name: _____ **UNI:** _____

Department: _____ **Degree:** _____

All students who need to pause their studies must apply for a formal Leave of Absence (LOA). Students who do not re-enroll within their requested timeframe or submit a request to extend their LOA (if not returning) must reapply to the school. Leave of absence requests are generally approved for one to two semesters with a maximum of four semesters. To return from leave, a student must request to return by November 1 for the spring term and by June 1 for the fall term. The full policy on Leave of Absence, including types of leave, supplemental materials needed for requesting leave, returning from leave, and more is available in the [Student Handbook](#).

To request a Leave of Absence, students must complete this form and email to msph-enrollment@cumc.columbia.edu.

Leave of Absence

Type of Leave (Voluntary or Medical): _____

Semester Leave will begin: _____ **Expected semester of return:** _____

Reason for Requesting Leave:

By signing below, all parties acknowledge a full understanding of and agreement to the above and the entire Leave of Absence policy found in the [Student Handbook](#). All parties will retain a signed copy of this agreement for their records.

X

Student Signature

Date

X

Department Signature

Date

X

Enrollment Management Signature

Date