

Office of Education

MAILMAN SCHOOL OF PUBLIC HEALTH

Leave of Absence Request Form

All students who need to pause their studies must apply for a formal Leave of Absence (LOA). Students who do not reenroll 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, and returning from leave is available in the <u>Student Handbook</u>.

Personal Information						
Student Name	Name		UNI			
Academic Department	c Department		Deç			
Email						
Are you a federal aid recipient?	Yes No	Are yo	ou a Ve	eteran?	Yes No	
Are you an international student o	n a student visa?	0	Yes	0	No	
Are you enrolled in Columbia Hea	Ith Insurance Plan?	0	Yes	0	No	
Are you a Columbia University em	nployee?	0	Yes	\bigcirc	No	
Do you live in on-campus housing	?	0	Yes	\bigcirc	No	
Last semester of attendance:	er of attendance: Last date of class attendance:					
Date form was submitted:	tted: Expected semester of return:					
Voluntary Leave - A voluntary away from studies for a variety term and a maximum of one years.	of reasons. A voluntary					
Change in professional goals/interests	Employment/ne	Employment/new job		Heal	th/well-being/family	
Financial difficulty	Travel plans	Travel plans		Family responsibilities		
Medical Leave - Students who a medical leave of absence, co professional confirming that the for a minimum of one term and Military Leave - Any student v	ontingent upon the submeter student is unable to ender a maximum of two year	nission of ngage in rs for MP	docum study. <i>i</i> H stud	nentatio A medio ents.	on from a health-care cal leave can be granted	
or ordered to active duty will be thereafter.	e granted a military leav	e of abse	ence fo	r this pe	eriod and for one year	
By signing below, all parties acknowle Absence policy found in the <u>Student F</u>						
Student Signature	Date			_	Columbia University	
Department Signature	Date			_	Mailman School of Public Heal 722 West 168th Street New York, NY 10032	

Date

Enrollment Management Signature