

COLUMBIA UNIVERSITY SCHOOL OF THE ARTS

Leave of Absence Form

LAST NAME:		FIRST NAME:		CUID <small>[see SSOL]</small>	
COLUMBIA (UNI) EMAIL ADDRESS:			NON-COLUMBIA EMAIL ADDRESS:		
MAILING ADDRESS:				TELEPHONE:	
ALTERNATIVE MAILING ADDRESS:				ALTERNATIVE TELEPHONE:	
PROGRAM:					
<input type="checkbox"/> M.F.A. <input type="checkbox"/> M.A.		Concentration:		CITIZENSHIP OR VISA STATUS:	
SEMESTER AND YEAR OF FIRST REGISTRATION IN SOA:		SEMESTER AND YEAR OF MOST RECENT REGISTRATION IN SOA:		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 { MEDICAL / MILITARY } leave of absence, beginning in { SEPTEMBER 20__ / JANUARY 20__ } and ending in { DECEMBER 20__ / MAY 20__ }

MEDICAL LEAVES FOR PHYSICAL OR PSYCHOLOGICAL REASONS: A healthcare provider must submit a signed letter (on their letterhead) directly to the SOA Office of Student Affairs no later than one week after submitting this form.

MILITARY LEAVES: Attach a copy of your military orders.

The complete policy regarding requesting and returning from a leave of absence is available online at arts.columbia.edu/leaves-policies. Please note that those on leave will not be able to fulfill requirements for the degree nor will they have access to services and activities only open to registered students during leave.

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

STUDENT SIGNATURE _____

DATE _____

The student must either submit this form to the SOA Office of Student Affairs in 305 Dodge Hall or email it to soastudentaffairs@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 SOA 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 SOA USE ONLY

- | | |
|--|--|
| <input type="checkbox"/> REGISTRAR | <input type="checkbox"/> ISSO |
| <input type="checkbox"/> INTERNAL DATABASE | <input type="checkbox"/> UAH |
| <input type="checkbox"/> NOTE | <input type="checkbox"/> DEPARTMENT |
| <input type="checkbox"/> HOLD | <input type="checkbox"/> LETTER TO STUDENT |
- IN GOOD BEHAVIORAL STANDING
NOT IN GOOD BEHAVIORAL STANDING

RECEIVED BY OSA (on DATE) _____