

Part 1: Student Information

Student Legal First and Last Name: _____

Student CUID: C _____ Student School: _____

Student UNI: _____ Student Program: _____

School Email Address: _____

Personal Email Address: _____

Part 2: Request Information

1. Please select the term that applies to this request: Summer 20 ____ Fall 20 ____ Spring 20 ____

Enter the two-character year designation in the corresponding 20__ field adjacent to the term type selected.

2. When will you resume your studies? Only select **one** of the options below.

I will not resume my studies.

At the beginning of the following term: Summer 20 ____ Fall 20 ____ Spring 20 ____

At a later date in the term associated with this request. I will return to following course(s) when I return:

Students may not request a temporary leave to return to a class already in session. The course start dates provided below must occur at the start of a class that has a start date occurring in the future. **You must list the course(s) you anticipate returning to below:**

Course Name: _____ Course Start Date (MM/DD/YYYY): ____ / ____ / _____

Course Name: _____ Course Start Date (MM/DD/YYYY): ____ / ____ / _____

Course Name: _____ Course Start Date (MM/DD/YYYY): ____ / ____ / _____

Course Name: _____ Course Start Date (MM/DD/YYYY): ____ / ____ / _____

3. Please select the reason for this request: Medical Other

Please note: If you select "Medical" above, you are required to provide additional supporting documentation to the advising personnel at your school; contact your advisor immediately after submitting this request.

If you selected **"Medical"** above, continue to **Question 3a:**

If you selected **"Other"** above, continue to **Page 2 - Part 3:**

3a. Would you like to request an extension of your Columbia University health insurance coverage, if eligible?

Yes No

Continue to **Page 2 - Part 3**

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Part 4 Continued: Acknowledgements, Signature and Submission Instructions

Financial Obligations and Student Aid

Tuition & Fees: A withdrawal is done in consultation with the deans or advisors in your school. Depending on the date of withdrawal, you may be entitled to some pro-rated refund of tuition. In most cases, ancillary fees will remain on your account, in addition to a \$75 withdrawal fee. [View the Refund Rate for Withdrawals](#) for additional information.

Federal Financial Aid: [Federal Student Aid](#) is awarded under the assumption that you will attend the institution for the entire period in which federal assistance was awarded. If you withdraw from school, you may no longer be eligible for the full amount of Title IV funds that you have received or were scheduled to receive. Therefore, a withdrawal may not only affect you academically but financially as well. We encourage you to read the information below regarding financial aid and withdrawals. [View Federal Aid and Withdrawals Information](#). **For questions related to your educational financing, please contact the Financial Aid Office for your school.**

Columbia Health Insurance: Eligibility for health insurance coverage through the University is time-sensitive and based on a host of factors, including your ongoing enrollment status. If you are unsure about or have questions regarding your ongoing eligibility, please contact the Health Insurance office for your school. Students that attend the Morningside and Manhattanville campuses may contact the [Columbia Health Insurance Office](#) at studentinsurance@columbia.edu or 212-854-3286. Students who attend the Medical Center campus may contact [Student Health on Haven's Insurance and Administration Office](#) at shsinsurance@cumc.columbia.edu or 212-305-3400. Students are responsible for knowing their options regarding eligibility and enrollment deadlines. You may also view important information about eligibility for the plan on the dedicated [health insurance website](#), including information for those requesting and who ultimately receive approval for a Medical Leave of Absence and those pursuing Non-Medical Leaves, Withdrawal or Dismissal from the University.

Columbia Housing Morningside: Continued residence in [Columbia Housing](#) during the academic year requires registration as a full-time CC or SEAS degree candidate. If students are not registered for the minimum number of credits, your Occupancy Agreement will be terminated and you will be required to move out of the residence halls. If you have questions regarding your ongoing eligibility for housing or other implications based on your request, please contact Columbia Housing at housing@columbia.edu or 212-854-2946.

Columbia Housing Medical Center: Student residents in [Columbia Medical Center Housing](#) who take a [leave of absence or withdraw from the University](#) are no longer eligible for housing and are required to move out of housing within 30 days of their eligibility status change. Cancellation fees may apply. Students with exceptional health care needs resulting from critical, acute conditions, and who take a medical leave of absence, may request to remain in housing beyond the 30 day period offered by the Office of Housing Services. Students should contact [Disability Services](#) prior to the start of their medical leave for information on how to apply for this accommodation. If you have questions, please contacthousing@cumc.columbia.edu.

Columbia Residential: Student residents with housing agreements through [Columbia Residential](#) who take a [leave of absence or withdraw from the University](#) are no longer eligible for housing and are required to move out of housing within 30 days of their eligibility status change. [Cancellation fees](#) may apply. Students with exceptional health care needs resulting from critical, acute conditions, and who take a medical leave of absence, may request to remain in housing beyond the 30 day period offered by Columbia Residential. Students should contact [Disability Services](#) prior to the start of their medical leave for information on how to apply for this accommodation. The Disability Housing Committee evaluates such requests on an individualized basis, and approval is not guaranteed. If you have questions, please contact residential@columbia.edu or (212) 854-9300.

Additional Resources

School Bulletins: <https://www.registrar.columbia.edu/content/school-bulletins>

Voluntary Leave of Absence Policy: <https://universitypolicies.columbia.edu/content/voluntary-leave-absence-policy>

Involuntary Leave of Absence Policy: <https://universitypolicies.columbia.edu/content/involuntary-leave-absence-policy>

Military Leave of Absence Policy: <https://universitypolicies.columbia.edu/content/military-leave-absence-policy>

Student Consumer Information: <https://universitypolicies.columbia.edu/content/student-consumer-information>

By signing below, I acknowledge that I have read and understand the information above and am submitting a request to interrupt my studies as of the date this form is transmitted to the Office of the University Registrar. Additionally, I understand I must contact my advisor immediately upon submitting this request.

Student Signature: _____ **Signature Date (MM/DD/YYYY):** ____/____/____

To submit this request: Visit <https://sfs.columbia.edu/content/withdraw-or-request-leave-absence> and login with your University Network Credentials (UNI). Once logged in, select the option to submit your request using a wet-signature. If you indicated you would provide supporting documentation with your request, you may upload it to include with your submission.