TEACHERS COLLEGE
COLUMBIA UNIVERSITY

Leave of Absence Form

Last Name:_____ First Name:_____

TC ID:_____ TC Email Address:_____

☐ Check if you wish to remain registered for courses in the current term.

Degree Program: ☐ MA ☐ MS ☐ ME ☐ EDD/EDDCT ☐ PHD

Major: _____

I am requesting a: ☐ Medical Leave ☐ Autumn _____ or ☐ Spring _____
year year

☐ Military Leave *Dates determined from attached orders

☐ Personal Leave ☐ Autumn _____ or ☐ Spring _____
year year

For **medical leaves,** documentation must be submitted from a licensed health care professional confirming that the student is unable to engage in graduate studies in a clear explanation of the condition and the reason why a leave is recommended as well as a specific timeline indicating when you are expected to resume studies. I authorize Teachers College to contact the licensed health care professional who submitted the documentation for additional information if necessary. If you are approved for a medical leave of absence and currently enrolled in the Columbia Student Health Insurance, **within 30 days**, you must contact Insurance and Immunization Records (*health-immunization@tc.edu*, *212-678-3006*, *159 Thorndike Hall*) to discuss the status of your enrollment during your leave.

For **military leaves**, a copy of your military orders must be attached to the form.

For **personal leaves**, a letter of explanation outlining your circumstances and detailing the reason for the leave request must be attached to this form.

Prior to returning from Leave of Absence, you must notify the Office of the Registrar at registrar@tc.edu the date you plan to return. Students on medical leave will need to present clearance from healthcare provider.

I certify that I have reviewed and understand the leave of absence policy on the Teachers College website.

Student Signature: _____ Date: _____