TEACHERS COLLEGE
COLUMBIA UNIVERSITY

Leave of Absence Form

Name: _____ TC UNI: _____ TC ID: _____

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

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

☐ Military Leave *Dates determined from attached orders

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

For medical and military leaves, please provide your expected return date: _____

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 you must contact Insurance and Immunization Records (*health-immunization@tc.edu*, *212-678-3006*, *159 Thorndike Hall*) **within 30 days** of the date of your leave request 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. Prior to returning, you must notify the Office of the Registrar at registrar@tc.edu.

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

For **all leaves**, students are strongly encouraged to discuss their plans with their faculty advisors.

Students who receive federal aid may be required to return all or a portion of the aid disbursed. Awarded institutional and endowed scholarships may also be forfeited and/or revoked. Any borrowed federal loans may also be placed on repayment during the time of your Leave Of Absence by the loan servicer. We encourage students to contact their loan servicer to learn more about loan repayment, forbearance or deferment of federal aid while they are on leave.

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

Student Signature: _____ Date: _____

Return completed form to the Office of the Registrar, 324 Thorndike Hall.

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OFFICE USE ONLY: Leave request reviewed.

Registrar/Student Affairs Signature: _____ Date: _____