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) ☐ Spring _____ (Year) ☐ Summer _____ (Year)

☐ Military Leave   *Dates determined from attached orders

☐ Personal Leave   ☐ Autumn _____ (Year) ☐ Spring _____ (Year) ☐ Summer _____ (Year)

☐ Family Leave   ☐ Autumn _____ (Year) ☐ Spring _____ (Year) ☐ Summer _____ (Year)
Please note that Summer leaves are applicable to Summer and Hybrid programs only

For all leaves, please provide your expected return date: _____

For medical leaves, certification must be submitted from the student's licensed medical or mental health care provider ("HCP") that a leave is warranted due to the student's health diagnosis. A specific timeline indicating the student's expected return must also be included.

In cases of pregnancy or a pregnancy-related condition, certification from the student's licensed HCP that a leave is necessary must be submitted with this request. In cases of child bonding, students must submit proof of birth or adoption. In cases of caregiving, certification from the family member's treating medical or mental health HCP must be submitted specifying the student as the primary caregiver and that a medical leave is warranted due to the family member's health diagnosis.

I authorize Teachers College to contact the licensed health care professional who submitted the documentation for additional information if necessary. If you are enrolled in the Columbia Student Health Insurance, your leave status may affect your eligibility for this health insurance. Rules governing the Health Fee and Student Health Insurance are established by Columbia University. Visit http://www.health.columbia.edu/student-insurance/eligibility for information on insurance eligibility. To verify coverage, please contact CU Health-Insurance and Immunizations Records at studentsinsurance@columbia.edu.

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 loa-registrar@tc.columbia.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 (if via email, to loa-registrar@tc.columbia.edu)
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OFFICE USE ONLY: Leave Request Reviewed

Registrar/Student Affairs Signature: _____   Date: _____