COLUMBIA UNIVERSITY
GRADUATE SCHOOL OF ARCHITECTURE,
PLANNING AND PRESERVATION
STUDENT AFFAIRS OFFICE
Withdrawal/ Leave of Absence Form

Name

Last Name
First Name
Middle Name

Main Address:

Number
Street
Apt.Number

City
State
County
Zip Code

Alt Address:

Number
Street
Apt.Number

City
State
County
Zip Code

Phone: __________________________ Alt Phone: __________________________

Email: __________________________ Alt Email: __________________________

UNI: __________________________ CUID: __________________________

Program: __________________________

Withdrawal / Leave of Absence Information

Reason for Withdrawal or Leave of Absence: __________________________

Is this a Withdrawal or a Leave of Absence (LOA)? __________________________

   Effective Term of Withdrawal or LOA: __________________________
   Effective Academic Year of Withdrawal or LOA: __________________________
   Effective Date of Withdrawal or LOA: __________________________
   Expected Return Date: __________________________ or Return Term: __________________________

Are you a Federal Student Aid Recipient? ______

If yes, please indicate the type of program that you participate in: __________________________

Are you in University Housing? ______

Please provide any other pertinent additional information:

____________________________________________________________________________________