

**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: