



Columbia College Leave of Absence Request

Name _____ Columbia College ID No. _____

Telephone Number _____

Reason for Leave of Absence _____

Length of Leave of Absence (one or two semesters) _____

Semester Leave of Absence Begins _____

Are you planning to take courses at another institution while on leave of absence Yes No

(If yes, please attach a signed transient form)

Approved By:

1. Student Signature _____ Date: _____

2. Advisor _____ Date: _____

3. Financial Aid Officer _____ Date: _____

4. Tuition Accounts Office Verification:

• Approval for leave of absence (0 balance) Yes No

• \$200 continuance fee PAID or PAYMENT PLAN APPROVED

• Tuition Accounts Official _____ Date: _____

5. Provosts Approval _____ Date _____

Leave of absence request should be completed by the end of the pre-registration period prior to the semester in which the leave is requested.