

Request for Leave of Absence

Completed forms should be submitted to the WCGS Associate Dean of Academic Affairs for final approval.

All requests for leaves of absence (LOA) are made directly to and granted at the discretion of Weill Cornell Graduate School (WCGS). A LOA constitutes a mutual agreement between school and student regarding utilization of time during the leave, as well as the requirements that must be met prior to reentering the school. Clearance for the leave, as set forth below, is required prior to beginning the LOA.

STUDENT STATUS: While on a leave of absence, students do not have an official “active student” status with WCGS. Therefore, students on leave must vacate WCM/MSK housing, will have their stipend terminated and will not be eligible for student health insurance or access to Student Health Services. Extenuating circumstances should be addressed with the Associate Dean for Academic Affairs, and any exceptions must be approved by the Dean.

Note: Filing a Leave of Absence request form does not constitute withdrawal from classes. In order to withdraw, you must contact the registrar directly at registrar@med.cornell.edu.

TO RECEIVE CLEARANCE FOR A LEAVE OF ABSENCE

I. MEET WITH PROGRAM LEADERSHIP:

Students planning any leave should consult with their Program Director and their Major Sponsor.

II. CLEARANCE TO BEGIN LOA:

Students who leave school prior to completion of the degree requirements must obtain clearance before departure. In addition, students must complete this sign-out form. We suggest meeting with the following offices in order to learn of any outstanding debts or other encumbrances to the student's record, and please return all graduate school property.

FINANCIAL AID (MS): finaid@med.cornell.edu

STIPEND SUPPORT (PhD): Herminio Quinones heq4001@med.cornell.edu

STUDENT ACCOUNTING: student-accounting@med.cornell.edu

REGISTRAR: registrar@med.cornell.edu

STUDENT HEALTH: Dr. Edgar Figueroa efiguero@med.cornell.edu

HOUSING: Sandra Guante slg2003@med.cornell.edu

MD-PHD STUDENTS: Dr. Katherine Hsu hsuk@mskcc.org

GRADUATE SCHOOL ADMINISTRATION: Karla Jacome kjjacome@med.cornell.edu

III. MEET WITH SCHOOL OFFICIALS:

To finalize the clearance procedure, please meet with Dr. Randi B. Silver, Associate Dean (Academic Affairs) – rbsilve@med.cornell.edu. **MD-PHD STUDENTS** planning a leave of absence, should also consult with MD-PhD leadership, Dr. Katherine Hsu – hsuk@mskcc.org.

INTERNATIONAL STUDENTS: International students on an international student visa, **MUST** contact International Student Services: WCM-ISS@med.cornell.edu.

IV. OFFICIAL NOTIFICATION: Once approved, students will receive an official electronic leave letter, which will provide the details and conditions of the leave as well as the requirements necessary for returning to the curriculum. All students must meet the criteria and confirm agreement with the terms of the leave by providing an electronic signature via email.

STUDENT INFORMATION

Name: _____ CWID: _____

Program: _____ Major Sponsor: _____

Forwarding Address:

Street _____ City _____ State _____ Zip _____

Telephone Number: _____ Email Address: _____

I am an international student on a Visa: Yes No

If yes, you must meet with Clive Liew before beginning your leave.

TYPE OF LEAVE

Administrative Personal/Medical Academic Other: _____

** Request for Medical Leave of Absence MUST be accompanied by a physician's letter specifying the date of onset of illness and expected date of return. The letter should be sent directly to the Associate Dean (Student Affairs) Dr. Randi B. Silver.*

Request type: First Request Renewal

If Renewal, Dates of Previous Leaves Taken: _____

Requested Start Date: _____ Anticipated Return Date: _____

Please explain why you wish to take a leave (Attach Supporting Documentation, if required)

Student Signature

Date

Program Director Signature

Date

Major Sponsor's Signature

Date

I met with the above student and approve this request for Leave of Absence for the requested reason and dates.

Associate Dean, Weill Cornell Graduate School

Date

Comments

FOR OFFICIAL USE ONLY:

Notification of LOA confirmed:

(Date/Initials)

Housing

_____/_____

Education Finance Student

_____/_____

Accounting Student

_____/_____

Health Services

_____/_____

Student Health Insurance

_____/_____

Program Coordinator

_____/_____

International Student Services
(Must include in hard copy)

_____/_____