Weill Cornell Graduate School of Medical Sciences

Leave of Absence Request

_____ _____
Student's Name (Please print) Program

_____
Major Sponsor (Please print)

_____ _____
Leave Begins Leave Ends
(month/day/year)

Check one:

_____ _____
First Request Renewal

Purpose of Leave: _____

_____

_____

_____

_____ _____
Student's Signature Date

_____ _____
Major Sponsor's Signature Date

Leave of Absence Granted

_____ _____
Associate Dean's Signature Date

9/11/08