

## 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](mailto: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](mailto:finaid@med.cornell.edu)

**STIPEND SUPPORT (PhD):** Tatiana Belinskaya [tab2017@med.cornell.edu](mailto:tab2017@med.cornell.edu)

**STUDENT ACCOUNTING:** [student-accounting@med.cornell.edu](mailto:student-accounting@med.cornell.edu)

**REGISTRAR:** [registrar@med.cornell.edu](mailto:registrar@med.cornell.edu)

**STUDENT HEALTH:** Dr. Edgar Figueroa [efiguero@med.cornell.edu](mailto:efiguero@med.cornell.edu)

**HOUSING:** Sandra Guante [slg2003@med.cornell.edu](mailto:slg2003@med.cornell.edu)

**MD-PHD STUDENTS:** Dr. Katherine Hsu [hsuk@mskcc.org](mailto:hsuk@mskcc.org)

**GRADUATE SCHOOL ADMINISTRATION:** Karla Jacome [kjjacome@med.cornell.edu](mailto: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](mailto: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](mailto:hsuk@mskcc.org).

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

\_\_\_\_\_/\_\_\_\_\_

2/21/23