

Leave of Absence (LOA)

Discretionary Leave of Absence, DLOA PETITION

This form is to be used for students petitioning for a leave of absence of a non-medical nature. For medical leaves, students should consult: [Medical Leave of Absence Policy](#)

A student seeking to leave school temporarily must petition their program's dean for permission to take a Discretionary Leave of Absence. Petition for a Discretionary Leave of Absence and submission of this form must be made before the close of the Add/Drop course adjustment period for the term in which the Leave is being sought.

- The petition for a discretionary Leave of Absence must be made in writing to the dean of the student's respective school. The petition letter should provide a full explanation for the student's request for leave and include the student's name, signature and the date of the submission to the dean's office.
- The petition for discretionary Leave of Absence must be accompanied by this form. It is important that the student's current residential address, the number of terms the student expects to be on leave, and the term they expect to return are indicated.
- The decision to approve a discretionary leave of absence rests with the dean's office.

It is important to note that, following a discretionary Leave of Absence of more than 180 days, the student must be administratively withdrawn from Cooper Union in accordance with federal regulations. Should a student be administratively withdrawn they will be asked to [apply for Readmission](#) to reinstate their records.

Students are advised to refer to the [Discretionary Leave of Absence policy](#) to review the process and impact of a taking a leave on their status and the ability to access resources and engage in courses or research. The policy also provides guidance on a student's responsibilities to return from a leave.

Student Information (Part 1):			
Student date of request:			
Student LAST, FIRST NAME:	[PRINT CLEARLY]		
Student Major:	<input type="checkbox"/> BSE <input type="checkbox"/> CE <input type="checkbox"/> ChE <input type="checkbox"/> EE <input type="checkbox"/> ME <input type="checkbox"/> Arch <input type="checkbox"/> Art	Grade Level:	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> Grad
Residential Address:			
Permanent Address:			
Contact Information:	Email:	Phone:	Cell Phone:
Are you on an F-1 Visa?	<input type="checkbox"/> Yes* <input type="checkbox"/> No		
Do you live on campus?	<input type="checkbox"/> Yes* <input type="checkbox"/> No		

Leave of Absence Information (Part 2):	
Is your letter requesting this Leave of Absence attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A.S.C. Case**
Time Requested:	Reason for LOA:
Semesters: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Other: _____ Date of Departure: ____/____/____	<input type="checkbox"/> Military <input type="checkbox"/> Personal <input type="checkbox"/> Family <input type="checkbox"/> Other:
Is this a request for EXTENSION	REASON

Please view the Required Signatures in Part 3 on the 2nd page.

Required Signatures (Part 3):		
Student Signature:	(Sign)	Date:
Deans Signature:	(Sign)	Date:
Advisor Signature:	(Print) (Sign)	Date:
**Academic Standards Committee Chair Signature: (ONLY if ASC case):	(Print) (Sign)	Date:
Student Financial Services:	(Sign)	Date:
International Students and Scholars Office: (ONLY for International Students)	(Sign)	Date:
Residential Life: (ONLY for students who live on-campus)	(Sign)	Date:
<i>Processed by Registrar</i>		Date:

Acknowledgment

By checking this box and signing below I acknowledge that this form and letter is my request for a Leave of Absence, and I have met with the above offices to review impact of the LOA before the final approval of the Dean of my School.

I understand that:

- A leave of absence may have significant financial implications and it is my responsibility to understand these matters by consulting with the Office of Student Financial Services.
- If I am an international student I must speak with the Office of International Students and Scholars Office before this appeal is sent to my Dean (something about notifying if dates change – 180 date rule).

If approved, I agree to return to school on the term/semester indicated and inform the Registrar and my advisor of my decision not to return (avoid stop out). If I do not return to school at the scheduled time, I understand that I will be administratively withdrawn. I agree to check my Cooper email while on leave, for important account updates and registration information.*

☐ I acknowledge the above

Students Name (printed clearly)	Date:
Student Signature	Date: