

CALIFORNIA INSTITUTE OF TECHNOLOGY

M/C 230-87, Room 230 Center for Student Services, gradofc@caltech.edu

Medical Leave Petition --- Request for Extension or Exception

UID _____

Last Name _____ First Name _____

Option _____ Year Entered Caltech _____

Current Degree _____ Expected Completion Date _____

Email _____ Advisor _____

Forwarding Address _____

Students must consult with the Executive Director of Health and Counseling Services as well as provide supporting documentation and/or consultation from medical professionals indicating the basis for a leave extension/exception petition. Students are responsible for obtaining all of the necessary notifications and recommendations prior to submitting the final petition for approval to the Office of the Dean of Graduate Studies.

Effective date _____

Requested length of extension of leave (if applicable) _____

Reason for extension/exception (if applicable)

Student Signature

Date

Notification Only

Advisor

Date

Notification Only

Option Representative

Date

Recommended
Not Recommended

Director of Health and Counseling

Date

Approved
Not Approved

Dean of Graduate Studies

Date