

CALIFORNIA INSTITUTE OF TECHNOLOGY
Petition to the Dean of Graduate Studies for a Medical Leave of Absence

Last Name: _____		First Name: _____	
Option: _____		Year Entered Caltech: _____ Degree: _____	
Mail Code: _____	Campus Extension: _____	Email: _____	
Address on Leave: _____			

Students should complete the top portion of the form and take it to the Health Center for signatures. The student must be seen by a member of the Counseling Center staff if the leave is for non-medical reasons, or a member of the Health Center staff if the leave is for medical reasons.

After receiving a recommendation from the Health or Counseling Center, the student must take the signed form to their primary academic option for the option representatives' approval. Once the recommendation from the Health or Counseling Center has been obtained, and the option representative has concurred with the recommendation, the student must bring the form to the Graduate Dean to request final approval for the leave. The leave will not be official until all signatures have been obtained.

I hereby apply for a medical leave of absence for the period from _____ to _____.

I understand that if this petition is approved, my return to the Institute will be subject to the recommendation of a campus physician or psychologist and final approval of the Graduate Dean. I also understand that I may be required to submit medical or other evidence in connection with my application to return.

Date

Student Signature

Medical Leave Recommendations and Approvals

- Recommended
- Not Recommended

Date

Physician or Psychologist

- Recommended
- Not Recommended

Date

Option Representative

- Approved
- Not Approved

Date

Dean of Graduate Studies