

**CALIFORNIA INSTITUTE OF TECHNOLOGY**

M/C 230-87, Room 230 Center for Student Services, [gradofc@caltech.edu](mailto:gradofc@caltech.edu)

**Non-Medical Sabbatical Petition**

UID \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Option \_\_\_\_\_

Year Entered Caltech \_\_\_\_\_

Current Degree \_\_\_\_\_

Expected Completion Date \_\_\_\_\_

Email \_\_\_\_\_

Advisor \_\_\_\_\_

Forwarding Address \_\_\_\_\_

Students are responsible for obtaining all of the necessary recommendations prior to submitting the final petition for approval to the Office of the Dean of Graduate Studies. In cases of leave from the Institute, we ask that students schedule a meeting with one of the Graduate Deans. Students should also refer to the [Graduate Student Check-Out Procedures](#).

Effective dates of leave \_\_\_\_\_ to \_\_\_\_\_

Please include a reason for the leave below.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

- Recommended
- Not Recommended

\_\_\_\_\_  
Date

\_\_\_\_\_  
Option Representative Signature

- Recommended
- Not Recommended

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

- Approved
- Not Approved

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of Graduate Studies Signature