

CALIFORNIA INSTITUTE OF TECHNOLOGY

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

Detached Duty Petition

UID _____

Last Name _____

First Name _____

Option _____

Year Entered Caltech _____

Current Degree _____

Expected Completion Date _____

Email _____

Advisor _____

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 detached duty, students will enroll full-time (36 units) for research units and are expected to maintain regular communications with their advisor and complete all of the necessary Institute academic requirements without delay. Students should also refer to the [Graduate Student Check-Out Procedures](#).

Effective dates _____ to _____

Please include a brief summary below including the location, financial support (if any), and the nature of the work being performed.

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