

CALIFORNIA INSTITUTE OF TECHNOLOGY

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

Medical Leave 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 notifications and recommendations prior to submitting the final petition for approval to the Office of the Dean of Graduate Studies. The student must be seen by the Caltech Health and Counseling Center prior to approval of the leave and in order to return.

Return to the Institute is subject to the recommendation of a campus physician or psychologist and final approval of the Graduate Dean. Students should also refer to the [Graduate Student Check-Out Procedures](#) and [Conditions for Students on Medical Leave](#).

Effective dates of leave _____ to _____

Student Signature

Date

Notification

Advisor Signature

Date

Notification

Option Representative Signature

Date

Recommend

Physician or Psychologist Signature

Date

Approved

Dean of Graduate Studies

Date