CALIFORNIA INSTITUTE OF TECHNOLOGY

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

Medical Leave Petition

UID			
Last Name	F	irst Name	
Option	Y	ear Entered Caltech	_
Current DegreeEmail			
	l students must meet with Interr nd to avoid falling out of status.	national Student Programs pri	or to approval of the leave to
I am an international stude If yes, I have met with ISP	ent? Yes No to discuss my petition request?	Yes No	
to submitting the final pet with the Caltech Health and	le for obtaining signatures for al ition for approval to the Office od Counseling Center prior to apport the end date of the original leads	f the Dean of Graduate Studies roval of the leave and in order	s. The student must consult to return. Students who do
	ubject to the recommendation of udents should also refer to the g		
Effective date of lo	eave		
	Student Signature		 Date
Notification Only			
	Advisor		Date
Notification Only			
,	Option Representative		Date
Recommended			
Not Recommended	Director of Health and Cou	nseling	Date
After obtaining the signature	es above, submit to Gradofc@Cal	tech.edu for approval by the Gi	raduate Dean.
Approved			
Not Approved	Dean of Graduate Studies		Date

Revised 9/2021