

CALIFORNIA INSTITUTE OF TECHNOLOGY

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

Detached Duty Petition

UID _____ First Name _____

Last Name _____ Year Entered Caltech _____

Option _____ Expected Completion Date _____

Current Degree _____ Candidacy Date & Result _____

Email _____ Advisor _____

Please note: International students must meet with International Student Programs prior to approval of the petition to discuss visa implications and to avoid falling out of status.

I am an international student? Yes No
If yes, I have met with ISP to discuss my petition request? Yes No

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. Detached duty requires completion of residency requirements (3 academic years) and candidacy. Students are expected to enroll full-time (36 units) for research units and should maintain regular communications with their advisor and complete all of the necessary Institute academic requirements without delay. Students should read Caltech’s policy on Conflict of Interest and Commitment with Regard to Outside Activities for Graduate Students.

Effective dates _____ to _____

Proposed location for the detached duty _____

Position you will hold (visiting student, research intern, etc.) _____

Provide any financial support/compensation (if applicable) _____

Please provide a brief summary of the work being performed, specifically how this work is integral to your thesis project, the mentoring plan with your Caltech thesis advisor, and attach any relevant offer letters. Note: work performed while simultaneously enrolled as a student is subject to Caltech’s intellectual property agreement and additional information may be required by Research Compliance.

<input type="checkbox"/> Recommended	_____	_____
<input type="checkbox"/> Not Recommended	Date	Student Signature
<input type="checkbox"/> Recommended	_____	_____
<input type="checkbox"/> Not Recommended	Date	Option Representative Signature
<input type="checkbox"/> Recommended	_____	_____
<input type="checkbox"/> Not Recommended	Date	Advisor Signature

After obtaining the signatures above, submit to Gradofc@caltech.edu for approval by the Graduate Dean.

<input type="checkbox"/> Approved	_____	_____
<input type="checkbox"/> Not Approved	Date	Dean of Graduate Studies Signature