Return from Medical Leave Instructions

Return from Leave

Return from leave requires an approved Return from Medical Leave petition at least 6 weeks before the anticipated return date. It will be important to meet with the Assistant or Associate Graduate Dean to discuss progress and plans for returning from medical leave. The return is subject to the final approval of the Dean of Graduate Studies in conjunction with the recommendation of Student Wellness Services.

Return from Leave: Step-by-step instructions

Step 1: Six weeks prior to your scheduled return date, email the Associate Dean of Graduate Studies and your contact at Student Wellness Services to inform them of your intent to return or your intent to extend your leave.

Step 2: Meet with the Associate Dean to discuss your return.

Step 3: Meet with your contact at Student Wellness Services to discuss your return and obtain their signature on your petition.

Step 4: Meet with your advisor and your Option representative to obtain their signatures on your petition.

Step 5: Email your completed petition to the Graduate Studies Office (gradofc@caltech.edu) for review and approval. Note: This step may take up to two weeks.

CALIFORNIA INSTITUTE OF TECHNOLOGY

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

Return from Medical Leave Petition

UID _____

Last Name _____ First Name _____

Option _____ Year Entered Caltech _____

Current Degree _____ Expected Completion Date _____

Email _____ Advisor _____

Address on Leave _____

I hereby apply for approval to return to Caltech effective _____

_____ _____

Student Signature Date

Students who wish to return from a medical leave of absence must meet with a Health Center Physician in the case of physical illness, or a Health Center Psychologist, in the case of non-medical reasons.

The Physician or Psychologist will consult with the Dean of Graduate Studies and send the Graduate Studies Office a copy of this form. The student should then make an appointment to see the Dean who will make the final decision.

□ Recommend

_____ _____

Physician or Psychologist Signature Date

□ Recommend

_____ _____

Option Representative Signature Date

□ Recommend

_____ _____

Advisor Signature Date

□ Approved

_____ _____

Dean of Graduate Studies Signature Date

Graduate Studies Office
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