

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