

# CALIFORNIA INSTITUTE OF TECHNOLOGY

M/C 230-87, Room 230 Center for Student Services, [gradofc@caltech.edu](mailto: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 date of leave \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Notification

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

Notification

\_\_\_\_\_  
Option Representative Signature

\_\_\_\_\_  
Date

Recommend

\_\_\_\_\_  
Dir. Of Health & Counseling Signature

\_\_\_\_\_  
Date

Approved

\_\_\_\_\_  
Dean of Graduate Studies

\_\_\_\_\_  
Date