## **CALIFORNIA INSTITUTE OF TECHNOLOGY**

M/C 230-87, Room 230 Center for Student Services, <a href="mailto:gradofc@caltech.edu">gradofc@caltech.edu</a>

## **Medical Leave Petition**

UI	D	<del>-</del>		
Last Name			First Name	
Option			Year Entered Caltech	
Current Degree			Expected Completion Date	
Email		<i>F</i>	Advisor	
Fo	rwarding Address			
		students must meet with Interd I to avoid falling out of status.	national Student Programs prior	to approval of the leave to
	m an international studer ves, I have met with ISP to	nt? Yes No No discuss my petition request?	Yes No	
to wit no Ins	submitting the final petiti th the Caltech Health and o t return from leave by the stitute.	on for approval to the Office of Counseling Center prior to appine end date of the original le	If of the necessary notifications and if the Dean of Graduate Studies. To roval of the leave and in order to ave or obtain an extension, will	The student must consult return. Students who do be withdrawn from the
of			Caltech's Health and Counseling Graduate Student Check-Out Proc	
	Effective date of lea	ive		
		- Student Signature		 Date
Notification Only		Advisor		 Date
No	tification Only			
		Option Representative		Date
	Recommended			
	Not Recommended	Director of Health and Cou	nseling	Date
	Approved			
	Not Approved	Dean of Graduate Studies		Date