CALIFORNIA INSTITUTE OF TECHNOLOGY
Dean of Students Office • 210-87 Caltech •

APPLICATION FOR MEDICAL LEAVE OF ABSENCE

The student should complete the top part of this form and take it to the Health Center. The student must be seen by a member of the Counseling Center staff if the withdrawal is for non-medical reasons or a member of the Health Center staff for medical reasons.

After receiving a recommendation from the Health or Counseling Center, the student must see the appropriate Dean to request final approval for the leave.

Name: _____ Date: _____

Caltech Box #: _____

Address While on Leave: _____

Class Standing: Freshman O Sophomore O Junior O Senior O

I hereby apply for a medical leave of absence for the period from _____ to _____ . I understand that if this application is approved, my return to the Institute will be subject to the recommendation of a campus physician or psychologist and final approval of the appropriate Dean. I also understand that I may be required to submit medical or other evidence in connection with my application to return.

_____
Signature

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MEDICAL LEAVE RECOMMENDED:

_____ _____
Physician or Psychologist Date

MEDICAL LEAVE APPROVED:

_____ _____
Dean or Associate Dean of Students Date

Received by Registrar on _____
Date

c: Director of Residence Life
Health Center/Counseling Center

10/02