

CALIFORNIA INSTITUTE OF TECHNOLOGY

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

Change of Adviser Request Form

UID _____

Last Name _____

First Name _____

Option _____

Year Entered Caltech _____

Current Degree _____

Expected Completion Date _____

Email _____

Type of change requested:

New Adviser

Add Co-Adviser

Effective Date _____

Adviser Type:

Research/Thesis

Academic

Other _____

Current Primary Adviser _____

New or Additional Adviser _____

Will this new adviser become your primary adviser? (i.e., approve course schedules, etc.) Yes No

Please state your reason for requesting a change of adviser in the space below. (Optional)

You will be notified by email and your former adviser, proposed new adviser, and option representative will be copied when your record has been updated with a new adviser.

Date

New Adviser Signature

Date

Option Representative Signature