

CALIFORNIA INSTITUTE OF TECHNOLOGY

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

Withdrawal 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 recommendations prior to submitting the final petition for approval to the Office of the Dean of Graduate Studies. In cases of withdrawal from the Institute, we ask that students schedule a meeting with one of the Graduate Deans. Students who wish to withdraw should also refer to the [Graduate Student Check-Out Procedures](#).

Effective date _____

Please include a detailed reason for the withdrawal below.

Date

Student Signature

- Recommended
- Not Recommended

Date

Option Representative Signature

- Approved
- Not Approved

Date

Dean of Graduate Studies Signature