

CALIFORNIA INSTITUTE OF TECHNOLOGY

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

Change of Graduate Program

UID _____

Last Name _____

First Name _____

Option _____

Year Entered Caltech _____

Current Degree _____

Expected Completion Date _____

Email _____

Please check one:

Upon completion of my present degree program, I wish to pursue studies leading to the degree of _____ in _____ (option).

I wish to immediately withdraw from my present degree program and, instead, to pursue studies leading to the degree of _____ in _____ (option).

Advisor Signature

Date

Student Signature

Recommended

Not Recommended

Date

Option Representative (1) Signature

Recommended

Not Recommended

Date

Option Representative (2) Signature

Note to Option Representatives: If student is changing options after having passed the Ph.D. candidacy requirements in the first option, in addition to your approval, please explain how you wish the student to fulfill the Ph.D. candidacy or qualifying exam requirements in your option.

Approved

Not Approved

Date

Dean of Graduate Studies Signature

Graduate Studies Office
Revised January 2016