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.

After obtaining the signatures above, submit to Gradofc@Caltech.edu for approval by the Graduate Dean.

☐ Approved
☐ Not Approved   _____   _____
                                      Date   Dean of Graduate Studies Signature