## **CALIFORNIA INSTITUTE OF TECHNOLOGY**

M/C 230-87, Room 230 Center for Student Services, <a href="mailto:gradofc@caltech.edu">gradofc@caltech.edu</a>

## **Overload Petition**

UID				
Last Name		First Name	First Name	
Option		Year Enter	Year Entered Caltech	
Current Degree		Expected C	ompletion Date	
Email				
	office of the	Dean of Graduate	ommendations prior to submitting the estudies. If additional documentation is to submission.	
	stantship ui	nits) totaling more	dertake activities related to the Institute than 62 hours per week without prior	
I hereby request the following exc	eption:			
Total course/research units				
Total assistantship hours per wee	ek			
Term (Please select one):	Fall	Winter	Spring	
Academic Year				
		Date	 Student Signature	
<ul><li>□ Recommended</li><li>□ Not Recommended</li></ul>				
		Pate	Option Representative Signature	
After obtaining the signatures above,	, submit to G	iradofc@caltech.ed	u for approval by the Graduate Dean.	
☐ Approved ☐ Not Approved				
		ate	Dean of Graduate Studies Signature	