CALIFORNIA INSTITUTE OF TECHNOLOGY

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

Underload Petition

UID				
Last NameOptionCurrent Degree		First Name	Year Entered Caltech	
		Year Enter		
		Expected (
Email				
·	Office of the	Dean of Graduat	ommendations prior to submitting the te Studies. If additional documentation is r to submission.	
_	nd be eligible	for Institute fina	gistered for 36 or more units to be ancial support unless they have obtained	
I hereby request the following ex	ception:			
Total course/research units (Att	ach a current i	unofficial transcrip	ot)	
Total assistantship hours per we	eek			
Term (Please select one):	Fall	Winter	Spring	
Academic Year				
			Charles Circo charac	
□ p	D	ate	Student Signature	
Recommended Not Recommended				
	Da	ate	Option Representative Signature	
After obtaining the signatures above	e, submit to Gr	radofc@caltech.eo	du for approval by the Graduate Dean.	
☐ Approved				
☐ Not Approved	D	ate	Dean of Graduate Studies Signature	

Revised September 2021