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

Change of Academic Program

Caltech UID_____

Last Name_____ First Name_____

Option_____

Year of Study (ex. G1, G2…)_____

Email_____

Do you hold a current visa (international student)? ◯ Yes ◯ No

Please indicate your current and new degree options below.

Current	**New**
Degree_____	Degree_____
Option_____	Option_____
Expected Completion Date_____	Expected Completion Date_____
Advisor_____	Advisor_____

Effective Date_____

For a change in Option, please develop with the new Option Representative an acceptable plan to complete candidacy and coursework requirements within the new Option. Explain the plan below:

Student Signature_____ Date_____

Information Only
(International Students)

_____ Date

_____ ISP Signature

If this change in academic program is associated with a change in thesis advisor, please also submit a Change of Advisor petition.

_____ Date

_____ Advisor Signature

_____ Date

_____ Current Option Representative Signature

For students who are changing academic options, please certify the following:

◯ I approve the students' plan for completion of candidacy and coursework

◯ I confirm that the Option is admitting the student, which includes financial and advising responsibility

Additional Comments

_____	_____
Date	New Option Representative Signature

◯ Approved

_____	_____
Date	Dean of Graduate Studies Signature