CALIFORNIA INSTITUTE OF TECHNOLOGY

Office of the Registrar

Request Change of Adviser

Student Name: _____ UID: _____

Date: _____ Email: _____

Year of Study: _____ Phone: _____

Adviser Type: ❒Option ❒ Double Option ❒ Minor

Option: _____

Current Adviser: _____

Requested New Adviser: _____

(May be left blank. The Option Representative will assign one.)

State your reason for requesting a change of adviser in the space below:

_____

_____

_____

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You will be notified by email when your record has been updated with a new adviser.