



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:

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