

UASH Petition for Further Work

Name:	ne: UID:						
Class Year: Option:			Advisor Name:				
Caltech Email:			Other Email:				
Cell Phone:			Pronouns (optional):				
2. All informat to know. <i>If you</i> <i>UASH member</i>	the <u>UASH</u> tion provided to are concerts, please di	ed on this form is rned about revea iscuss methods fo	s <u>PRIVATE</u> uling deeply or handling		shared win your per	th those who have tition or to particu	
		ubmitted to the land		Office. Please che	ck the UA	ASH website at	
			your remair			sheet of paper if n Additional terr	
Courses	Units	Courses	Units	Courses	Units	Courses	Units
Total Units		Total Units		Total Units		Total Units	
				your degree (attac		e sheet of paper if	necessary)
			Signature				Date
Recommend Do not recommend			Advisor Signature				Date
			Internatio	nal Student Progr ATIONAL STUI	rams Signa DENTS O	nture NLY)	Date