



CALIFORNIA INSTITUTE OF TECHNOLOGY

Office of the Registrar

Petition to Change Options

Student Name: _____ UID: _____

Date: _____ Email: _____

Year of Study: _____ Phone: _____

Current Option: _____

New Option: _____

Requested New Adviser: _____

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

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

Option Approval:

Approved by: _____ Date: _____
Option Representative

Assigned Adviser: _____

Return approved petition to the Office of the Registrar