GRADUATE AEROSPACE LABORATORIES
CALIFORNIA INSTITUTE OF TECHNOLOGY

Advisor Selection Form

A PhD student must select an advisor by the beginning of the third term of their first year in residency at the institute.

Date: _____

Student Last Name: _____ First Name: _____

Academic Year: _____ Term:_____

Planning to continue your studies at Caltech: yes _____ no_____ (if no please explain in comments section)

Planning to pursue PhD degree in Aeronautics _____ or Space Engineering _____

Participating in Ecole Polytechnique Exchange Program: yes _____ no_____

PhD Faculty Advisor's Name: _____ Advisor's Option: _____

Faculty Advisor's Signature _____ Date: _____

Faculty Advisors are responsible for students' financial support as of July 1st, unless special circumstances are present.

Comments:

☐Approved _____ _____
☐Not Approved Date Option Representative Signature

Please return completed form to Christine Ramirez 267 Guggenheim

9/9/2016