FALL 2017

To the applicant: Complete the Applicant Information section below and sign at the bottom of this form by February 15, 2017. Select a member of your college faculty or administration to administer the Caltech Transfer Entrance Examinations, and request that he or she complete the Proctor Information section of this form. Return this form to the Office of Undergraduate Admissions.

To the Faculty Proctor: The student named below is applying for transfer admission to the California Institute of Technology for Fall 2017. Caltech requires that all applicants take Transfer Entrance Examinations in physics and mathematics. The physics exam is approximately four hours and the math exam is four hours. This student is requesting that Caltech send these materials to you. By signing and completing this form, you agree to administer and proctor the exams to the applicant. You also agree to return the exams to the Caltech Office of Undergraduate Admissions and not to distribute or make copies of the exam. We request that you attach your business card to this form.

The examinations, with instructions, will be e-mailed to the e-mail address listed below. Completed exams must be in the possession of the Caltech Undergraduate Admissions Office on or before March 22, 2017. We appreciate your assisting this student in the transfer application process.

**Applicant Information**

Full Legal Name of Applicant: ____________________________________________________________

Date of Birth: ____________

MM/DD/YY

Current School, City, and State: __________________________________________________________

**Proctor Information**

Proctor’s Name (Dr., Ms., Mr.): __________________________________________________________

Position/Title: ____________________________________________ Department: ________________

E-mail Address: _________________________________________________________________

Mailing Address: _________________________________________________________________

STREET

CITY __________________________________________ STATE/COUNTRY __________ ZIP

Telephone: __________________________ Fax: __________________________

SIGNATURE OF PROCTOR ______________________ DATE __________

SIGNATURE OF APPLICANT ______________________ DATE __________