Virginia Tech
Graduate School

CHANGE OF COMMITTEE/ADVISOR

Obtain all required signatures and submit the original to the Graduate School.

PERSONAL INFO

LAST/FAMILY NAME _____ FIRST/GIVEN NAME _____ MIDDLE NAME _____ SUFFIX _____

Student ID Number: _____

Date of Birth: _____
month/day/year

E-mail Address: _____
@vt.edu account, preferred

Daytime Phone: _____
☐ Home ☐ Office ☐ Mobile

Local Address

_____

_____

_____

_____
city state zip country

Citizenship
☐ U.S. CITIZEN ☐ PERMANENT RESIDENT ☐ NON-RESIDENT ALIEN*
**If non-resident alien, please list your visa status:* _____

Current Program

_____

First Term of Enrollment
☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II _____ year

Anticipated Completion Term
☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II _____ year

Degree Level
☐ DOCTORAL
☐ EDUCATION SPECIALIST
☐ MASTERS

Campus
☐ BLACKSBURG ☐ HAMPTON ROADS ☐ NATIONAL CAPITAL REGION ☐ RICHMOND
☐ ROANOKE ☐ SOUTHWEST VIRGINIA ☐ VIRTUAL

REQUIRED SIGNATURES

Required Signatures

Signatures of all dropped, added, and unchanged members are required. Please indicate the action to be taken for each committee member. Action Code: D = Drop, A = Add, U = Unchanged

ACTION CODE				
	COMMITTEE CHAIRPERSON signature	printed name	VT ID number	date
	COMMITTEE CHAIRPERSON signature	printed name	VT ID number	date
	COMMITTEE MEMBER signature	printed name	VT ID number	date
	COMMITTEE MEMBER signature	printed name	VT ID number	date
	COMMITTEE MEMBER signature	printed name	VT ID number	date
	COMMITTEE MEMBER signature	printed name	VT ID number	date
	COMMITTEE MEMBER signature	printed name	VT ID number	date

DEPARTMENT HEAD signature or authorized GRADUATE PROGRAM DIRECTOR — printed name — VT ID number — date

STUDENT signature — date

DEPARTMENT CONTACT (GRADUATE STAFF COORDINATOR) signature — date

GRADUATE SCHOOL signature — date

Return your completed form to:
Graduate School
Graduate Life Center at
Donaldson Brown
Virginia Tech (0325)
Blacksburg, VA 24061
Fax: 540/231-2039

Questions? Call 540/231-8636 or e-mail *gradappl@vt.edu* for assistance.

VirginiaTech
Graduate School

CHANGE OF COMMITTEE/ADVISOR
ADDITIONAL SIGNATURES (AS NEEDED ONLY)

Use this page for additional committee member signatures, as needed.

LAST/FAMILY NAME	FIRST/GIVEN NAME	MIDDLE NAME	SUFFIX

Student ID Number: _____

Signatures of all dropped, added, and unchanged members are required. Please indicate the action to be taken for each committee member. Action Code: D = Drop, A = Add, U = Unchanged

ADDITIONAL SIGNATURES

ACTION CODE	COMMITTEE MEMBER signature	printed name	VT ID number	date

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Virginia Tech (0325)
Blacksburg, VA 24061
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