

Obtain all required signatures and submit the original to the Graduate School. Attach a second form if more space is needed.

PERSONAL INFO

LAST/FAMILY NAME	FIRST/GIVEN NAME	MIDDLE NAME	SUFFIX
Student ID Number: _____		Citizenship <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> NON-RESIDENT ALIEN* <i>*If non-resident alien, please list your visa status:</i> _____	
Date of Birth: _____ <small style="margin-left: 150px;">month/day/year</small>		Current Program _____	
E-mail Address: _____ <small style="margin-left: 100px;">@vt.edu account, preferred</small>		Degree Level <input type="checkbox"/> DOCTORAL <input type="checkbox"/> EDUCATION SPECIALIST <input type="checkbox"/> MASTERS	
Daytime Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Mobile		First Term of Enrollment <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I _____ <input type="checkbox"/> SUMMER II year	
Local Address _____ _____ _____ city state zip country		Anticipated Completion Term <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I _____ <input type="checkbox"/> SUMMER II year	
		Campus <input type="checkbox"/> BLACKSBURG <input type="checkbox"/> HAMPTON ROADS <input type="checkbox"/> NATIONAL CAPITAL REGION <input type="checkbox"/> RICHMOND <input type="checkbox"/> ROANOKE <input type="checkbox"/> SOUTHWEST VIRGINIA <input type="checkbox"/> VIRTUAL	

REQUIRED INFO

Drop

DEPARTMENT	COURSE NUMBER	TITLE	CREDIT HOURS	SEMESTER	YEAR

Add

DEPARTMENT	COURSE NUMBER	TITLE	CREDIT HOURS	SEMESTER	YEAR

_____ date
STUDENT SIGNATURE

Required Signatures

COMMITTEE CHAIRPERSON signature	printed name	e-mail (@vt.edu, preferred)	date
COMMITTEE MEMBER signature	printed name	e-mail (@vt.edu, preferred)	date
COMMITTEE MEMBER signature	printed name	e-mail (@vt.edu, preferred)	date
COMMITTEE MEMBER signature	printed name	e-mail (@vt.edu, preferred)	date
COMMITTEE MEMBER signature	printed name	e-mail (@vt.edu, preferred)	date

SIGNATURES

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.