VirginiaTech
Graduate School

REQUEST TO ADMIT CANDIDATE TO PRELIMINARY EXAMINATION

The Examination Committee is comprised of at least four members of the Advisory Committee for doctoral students. If the Advisory Committee needs to be updated, please submit a Change of Committee/Advisor form. If an Advisory Committee member cannot serve, one Examination Committee member may be substituted by including a written request by the Advisory Committee chairperson. Please submit this original form at least ***two weeks*** prior to the exam.

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:* _____

REQUIRED INFO

Current Program _____

Degree Level

☐ DOCTORAL

First Term of Enrollment

☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II _____ year

Anticipated Completion Term

☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II _____ year

Campus

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

The examination is scheduled for: _____
TIME DATE BUILDING ROOM NUMBER

☐ **I am enrolled in the semester in which my exam will be administered.**

Committee Chairperson mail code: _____

_____
STUDENT SIGNATURE date

SIGNATURES

Required Signatures

List Committee members below and obtain required signatures.

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
COMMITTEE CHAIRPERSON signature	printed name	e-mail (*@vt.edu*, preferred)	date
DEPARTMENT HEAD signature or authorized GRADUATE PROGRAM DIRECTOR	printed name	e-mail (*@vt.edu*, preferred)	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.