

This form is used by an enrolled student to request a change to a new graduate program at the same degree level. Application for change in graduate program to a different department requires application review and acceptance by the new department (the new department should request the original application from the Graduate School). This form is due two weeks prior to registration for the term in which the change is to be effective. A change in graduate program is processed if your application is approved.

PERSONAL INFO

LAST/FAMILY NAME	FIRST/GIVEN NAME	MIDDLE NAME	SUFFIX
@Ugh('cZJH'-8': _____		<b>Citizenship</b> <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> NON-U.S. CITIZEN* <i>*If non-U.S. citizen, please list your visa status:</i> _____	
Date of Birth: _____ <small>month/day/year</small>		<b>Current Program</b> _____	
E-mail Address: _____ <small>@vt.edu account, preferred</small>		<b>Degree Level</b> <input type="checkbox"/> DOCTORAL <input type="checkbox"/> EDUCATION SPECIALIST <input type="checkbox"/> MASTERS	
Daytime Phone: _____ <small><input type="checkbox"/> Home    <input type="checkbox"/> Office    <input type="checkbox"/> Mobile</small>		<b>First Term of Enrollment</b> <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I    _____ <input type="checkbox"/> SUMMER II    year	
Local Address _____ _____		<b>Campus</b> <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	
city	state	zip	country

REQUIRED INFO

**I request to have my graduate program changed to:**

New Program: \_\_\_\_\_ College: \_\_\_\_\_

<b>Term Change Effective</b> <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I    _____ <input type="checkbox"/> SUMMER II    year	<b>Anticipated Term of Completion of New Graduate Program</b> <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I    _____ <input type="checkbox"/> SUMMER II    year
--	---

SIGNATURES

STUDENT SIGNATURE \_\_\_\_\_ date \_\_\_\_\_

---

**Required Signatures**

DEPARTMENT HEAD FOR NEW GRADUATE PROGRAM signature or authorized GRADUATE PROGRAM DIRECTOR	printed name	e-mail (@vt.edu, preferred)	date
DEPARTMENT HEAD FOR OLD GRADUATE PROGRAM signature or authorized GRADUATE PROGRAM DIRECTOR	printed name	e-mail (@vt.edu, preferred)	date
DEPARTMENT CONTACT (GRADUATE STAFF COORDINATOR) signature	date		
INTERNATIONAL GRADUATE STUDENT SERVICES (for F-1 & J-1 students) 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 [gradg@vt.edu](mailto:gradg@vt.edu) for assistance.