Virginia Tech
Graduate School

CHANGE OF CAMPUS FORM

Once approved, your campus location will be changed as requested. You will need to submit another form should you need to make another campus change in the future.

If you request a change of campus to one of our extended campus locations but register for a course that is listed in Blacksburg, you will be considered a Blacksburg student for tuition purposes.

International students must consult with an international student advisor in the Graduate School to discuss how a change of campus affects their immigration status. ***A Request for SEVIS Transfer must be completed.***

PERSONAL INFO

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

Last 4 of VT ID #: _____

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-U.S. CITIZEN*
**If non-U.S. citizen, 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
☐ GRADUATE CERTIFICATE
☐ NON-DEGREE
☐ COMMONWEALTH CAMPUS

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

REQUIRED INFO

I wish to change my campus to:
☐ BLACKSBURG ☐ HAMPTON ROADS ☐ NATIONAL CAPITAL REGION ☐ RICHMOND
☐ ROANOKE ☐ SOUTHWEST VIRGINIA ☐ VIRTUAL

Term Change Effective
☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II _____ year

_____
STUDENT SIGNATURE date

SIGNATURES

Required Signatures

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

DEPARTMENT CONTACT (GRADUATE STAFF COORDINATOR) signature _____ date _____

INTERNATIONAL GRADUATE STUDENT SERVICES 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 *grads@vt.edu* for assistance.