

ACCELERATED UNDERGRADUATE/GRADUATE DEGREE AND COURSE DESIGNATION FORM

This form is used as a cover sheet to notify the Graduate School that the department supports a student's pursuit of the following program. Students must also submit a formal Graduate School application for admission and be admitted to the designated program, prior to receipt of this form. All course information must be completed in full. Requests that do not provide required information *cannot* be processed.

Check applicable program:
 Please refer to the Undergraduates Taking Graduate Courses section within the current Graduate Catalog for specific requirements detailing each status.
www.grads.vt.edu (Academics/Graduate Catalog)

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| <input type="checkbox"/> ACCELERATED UG/GR DEGREE | <input type="checkbox"/> DUAL STUDENT STATUS |
| <input type="checkbox"/> BACHELORS TO MASTERS | <input type="checkbox"/> 152HR ACIS MASTERS DEGREE |
| <input type="checkbox"/> BACHELORS TO DIRECT PHD | <input type="checkbox"/> COMBINED STUDENT STATUS (ARCHITECTURE ONLY) |

PERSONAL INFO

LAST/FAMILY NAME _____ Last 4 digits of VT ID Number _____ <hr/> Date of Birth: _____ <small>month/day/year</small> <hr/> E-mail Address: _____ <small>@vt.edu account, preferred</small> <hr/> Daytime Phone: _____ <small><input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Mobile</small> <hr/> Local Address _____ _____ _____ _____ city state zip country	FIRST/GIVEN NAME _____ MIDDLE NAME _____ SUFFIX _____ Citizenship <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> NON-U.S. CITIZEN* <i>*If non!! "G" Visa, please list your visa status:</i> _____ <hr/> Current Program _____ Campus <input type="checkbox"/> BLACKSBURG <hr/> Anticipated Completion of Bachelors Degree <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I _____ <input type="checkbox"/> SUMMER II _____ year <hr/> Term to Begin Counting Graduate-Level Credit <i>(within the last two semesters of the undergraduate degree)</i> <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I _____ <input type="checkbox"/> SUMMER II _____ year <hr/> First Term of Enrollment as a Graduate Student <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I _____ <input type="checkbox"/> SUMMER II _____ year
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REQUIRED INFO

TERM	YEAR	DEPARTMENT	COURSE NUMBER	CRN (IF KNOWN)	# OF CREDIT HOURS	COURSE TITLE

 UPDATED FROM INITIAL SUBMISSION

 STUDENT SIGNATURE date

Required Signatures

 ADVISOR signature printed name e-mail (@vt.edu, preferred) date

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

 DEPARTMENT CONTACT (GRADUATE STAFF COORDINATOR) signature date

 GRADUATE SCHOOL signature date

Return your completed form to:
Graduate School
 GLC at Donaldson Brown
 Virginia Tech (0325)
 Fax: 540/231-2727

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

SIGNATURES