

Obtain all required signatures and submit the original to the Graduate School.

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

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

Degree Level
 DOCTORAL
 EDUCATION SPECIALIST
 MASTERS

Required Signatures

Signatures of all dropped, added, and unchanged members are required. Please indicate the action to be taken for each committee member. Action Code: D = Drop, A = Add, U = Unchanged

REQUIRED SIGNATURES

ACTION CODE	Signature	printed name	VT ID number	date
	COMMITTEE CHAIRPERSON signature			
	COMMITTEE CHAIRPERSON signature			
	COMMITTEE MEMBER signature			
	COMMITTEE MEMBER signature			
	COMMITTEE MEMBER signature			
	COMMITTEE MEMBER signature			
	COMMITTEE MEMBER signature			
	COMMITTEE MEMBER signature			
	DEPARTMENT HEAD signature or authorized GRADUATE PROGRAM DIRECTOR			
	STUDENT signature			
	DEPARTMENT CONTACT (GRADUATE STAFF COORDINATOR) signature			
	GRADUATE SCHOOL signature			

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.

CHANGE OF COMMITTEE/ADVISOR ADDITIONAL SIGNATURES (AS NEEDED ONLY)

Use this page for additional committee member signatures, as needed.

LAST/FAMILY NAME	FIRST/GIVEN NAME	MIDDLE NAME	SUFFIX
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Last 4 of VT ID #: _____

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ADDITIONAL SIGNATURES

**ACTION
 CODE**

	COMMITTEE MEMBER signature	printed name	VT ID number	date
	COMMITTEE MEMBER signature	printed name	VT ID number	date
	COMMITTEE MEMBER signature	printed name	VT ID number	date
	COMMITTEE MEMBER signature	printed name	VT ID number	date
	COMMITTEE MEMBER signature	printed name	VT ID number	date

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