

Obtain all required signatures and submit the original to the Graduate School. Attach a second form if more space is needed.

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

REQUIRED INFO

Drop

DEPARTMENT	COURSE NUMBER	TITLE	CREDIT HOURS	SEMESTER	YEAR

Add

DEPARTMENT	COURSE NUMBER	TITLE	CREDIT HOURS	SEMESTER	YEAR

_____ STUDENT SIGNATURE _____ date

Required Signatures

COMMITTEE CHAIRPERSON 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 MEMBER signature _____ 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 grads@vt.edu for assistance.

SIGNATURES