Virginia Tech
Graduate School

APPLICATION FOR DEGREE OR CERTIFICATE (AFDC) CONFERRAL

This form is used to initiate the process of degree and/or certificate conferral. Please use only one form per degree or certificate requested. A $25.00 processing fee will be charged to your account for the first application submitted per year. If degree requirements are not completed by the term indicated on this application, it is the responsibility of the student to submit a new AFDC.

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

Diploma Mailing 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:* _____

Degree/Certificate Program
_____

First Term of Enrollment
☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II _____ year

Term of Completion
☐ 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
☐ GRADUATE CERTIFICATE

Application for: (select only one per form)
☐ DEGREE ☐ CERTIFICATE

REQUIRED INFO

Dissertation or Thesis Title

Home Town (For use in Commencement bulletin. The default is Blacksburg, VA if left blank.)

CITY _____ STATE _____ COUNTRY _____

STUDENT 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

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

GRADUATE SCHOOL SIGNATURE _____ date _____

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