

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 #: _____	Citizenship		
Date of Birth: _____ month/day/year	<input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> NON-U.S. CITIZEN* <i>*If non-U.S. citizen, please list your visa status:</i> _____		
E-mail Address: _____ @vt.edu account, preferred	Current Program		Degree Level
Daytime Phone: _____	First Term of Enrollment		<input type="checkbox"/> DOCTORAL
Local Address <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Mobile			<input type="checkbox"/> EDUCATION SPECIALIST
_____	<input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I		<input type="checkbox"/> MASTERS
_____	<input type="checkbox"/> SUMMER II _____ year		
_____	Anticipated Completion Term		
_____	<input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I		
_____	<input type="checkbox"/> SUMMER II _____ year		
_____	Campus		
_____	<input type="checkbox"/> BLACKSBURG <input type="checkbox"/> HAMPTON ROADS <input type="checkbox"/> NATIONAL CAPITAL REGION <input type="checkbox"/> RICHMOND <input type="checkbox"/> ROANOKE <input type="checkbox"/> SOUTHWEST VIRGINIA <input type="checkbox"/> VIRTUAL		
_____	city	state	zip country

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	LAST 4 OF VT ID #	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.

