

This form should be used to obtain approval from both academic departments when seeking to pursue simultaneous graduate level degrees. The simultaneous application fee is \$75.00 will be charged to your VT student account.

PERSONAL INFO

LAST/FAMILY NAME	FIRST/GIVEN NAME	MIDDLE NAME	SUFFIX
@Ugh('cZJH'8': _____ if known			
Date of Birth: _____ month/day/year			
E-mail Address: _____ @vt.edu account, preferred			
Daytime Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Mobile			
Local Address _____ _____ _____ city state zip country			
Citizenship <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> NON-U.S. CITIZEN* *If non-U.S. citizen, please list your visa status: _____			
Current Program _____		Degree Level <input type="checkbox"/> DOCTORAL <input type="checkbox"/> EDUCATION SPECIALIST <input type="checkbox"/> MASTERS	
First Term of Enrollment <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I _____ <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			

In addition to my current program, described above, I simultaneously wish to seek

REQUIRED INFO

Additional Program _____	Degree Level <input type="checkbox"/> DOCTORAL <input type="checkbox"/> EDUCATION SPECIALIST <input type="checkbox"/> MASTERS
First Term of Enrollment <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
Anticipated Completion Term <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I _____ <input type="checkbox"/> SUMMER II _____ year	

 APPLICANT SIGNATURE date

Required Signatures

SIGNATURES

COMMITTEE CHAIRPERSON signature	printed name	e-mail (@vt.edu, preferred)	date
CURRENT DEPARTMENT HEAD signature or authorized GRADUATE PROGRAM DIRECTOR	printed name	e-mail (@vt.edu, preferred)	date
SECOND COMMITTEE CHAIRPERSON signature	printed name	e-mail (@vt.edu, preferred)	date
SECOND DEPARTMENT HEAD signature or authorized GRADUATE PROGRAM DIRECTOR	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 gradg@vt.edu for assistance.