CHANGE OF GRADUATE PROGRAM REQUEST

For assistance, call 540-231-8636 or

e-mail grads@vt.edu

Use this form to change to a new graduate program at the same degree level. The request requires review and acceptance by the new department, which may request a copy of the original admission application from the Graduate School.

Last/Family Name	First/Given Name	Middle Nar	ne
Last 4 digits of VT ID:	Citizenship U.S. Citizen Permanent Resident 'Non-U.S. Citizen* *If non-U.S. citizen, please list your visa status:		
E-mail Address:	Current Program		
@vt.edu account, preferred			
Campus		Degree Level	
Blacksburg Hampton Roads National Capital Region Rich Roanoke Southwest Virginia Virtual	imond	Doctoral Education Specialist Master's	
I request to have my graduate program changed to:			
New Program:	College:		
STUDENT Signature			Date (MM/DD/YY)
DEPARTMENT HEAD FOR NEW GRADUATE PROGRAM Signature or authorized GRADUATE PROGRAM DIRECTOR	Printed Name	e-mail (@vt.edu, preferred)	Date (MM/DD/YY)
DEPARTMENT HEAD FOR CURRENT GRADUATE PROGRAM Signature or authorized GRADUATE PROGRAM DIRECTOR	Printed Name	e-mail (@vt.edu, preferred)	Date (MM/DD/YY)
DEPARTMENT CONTACT FOR CURRENT GRADUATE PROGRAM Signature		Date (MM/DD/YY)	-
DEPARTMENT CONTACT FOR NEW GRADUATE PROGRAM (GRADUATE STAFF COORDINATOR) Signature		Date (MM/DD/YY)	
INTERNATIONAL ADVISOR (for F-1 and J-1 students) Signature	Date (MM/DD/YY)	C. b	u aa wa alak - 4 f - 1
GRADUATE SCHOOL Signature	Date (MM/DD/YY)	Submit your completed form: https://gs.vt.edu/forms	
Simborite School Signature	Date (MINI/DD/11)	120 Graduate Life Center, Blacksburg	
		VT ICAB1, 3625 Potomac Ave, Alexandria	

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