

# PLAN OF STUDY CHANGE REQUEST

Use this form to change the courses listed on a plan of study that has met final Graduate School approval.

Last/Family Name First/Given Name Middle Name

Last 4 digits of VT ID: E-mail Address: @vt.edu account, preferred

Current Program:

Current Campus:

Blacksburg Hampton Roads National Capital Region Richmond  
Roanoke Southwest Virginia Virtual

Degree Level:

Doctoral  
Education Specialist  
Master's

## Drop

Department	Course Number	Title	Credit Hours	Semester	Year

## Add

Department	Course Number	Title	Credit Hours	Semester	Year

STUDENT Signature Printed Name e-mail (@vt.edu, preferred) Date (MM/DD/YY)

COMMITTEE CHAIRPERSON Signature Printed Name e-mail (@vt.edu, preferred) Date (MM/DD/YY)

ACADEMIC DEPARTMENT CONTACT (GRADUATE FACULTY DIRECTOR) Signature Date (MM/DD/YY)

GRADUATE SCHOOL Signature Date (MM/DD/YY)

Submit your completed form:

<https://gs.vt.edu/forms>

120 Graduate Life Center, Blacksburg  
VT ICAB1, 3625 Potomac Ave, Alexandria

For assistance, call 540-231-8636 or  
e-mail [grads@vt.edu](mailto:grads@vt.edu)