

GRADUATE SCHOOL Signature

INDIVIDUAL RESIDENCY PLAN FOR DOCTORAL STUDENT

The Graduate School expects all graduate programs to provide opportunities for immersion of doctoral students in scholarship. When residency requirements cannot be completed through the traditional two consecutive semesters of full-time enrollment on campus or program-specific residency plans, a proposal for an individual residency plan must be submitted to the Graduate School for approval. Students should begin planning with their advisory committee early in their degree programs. Individual residency plans must be approved by the Graduate Dean before the Plan of Study can be approved.

Student Information		
Last Name/Surname:		First/Given Name:
Last 4 digits of VT ID: Ema	il address:	
	Request details/Informa	tion
Please check all that apply:		
☐ Enrolled part-time		
☐ Enrolled full-time but away from any Virgin	nia Tech campus	
☐ Individual plan meets the following residen	ncy goals:	
☐ Secures access to opportunities and	d resources to increase disci	plinary depth and breadth
☐ Provides opportunities for scholarly	y immersion	
☐ Offers professional socialization		
☐ Facilitates professional practice		
Please append the individual residency plan to will be met.	hat provides detailed inform Signatures	nation about how each one of the residency goals
	Date (MM/DD/YY)	Submit your completed form:
Student Signature	Date (MINI/DD/11)	https://gs.vt.edu/forms
COMMITTEE CHAIRPERSON Signature	Date (MM/DD/YY)	120 Graduate Life Center, Blacksburg VT ICAB1, 3625 Potomac Ave, Alexandria For assistance call 540-231-8636 or
GRADUATE PROGRAM DIRECTOR Signature	Date (MM/DD/YY)	email grads@vt.edu

Date (MM/DD/YY)