🎚 VirginiaTech 🛛

CHANGE OF COMMITTEE/ADVISOR

Graduate School

Obtain all required signatures and submit the original to the Graduate School.

LAST/FAMILY NAME	FIRST/GIVEN NAME	MIDDLE NAME	SUFFIX
Last 4 of VT ID #:	Citizenship □ U.S. CITIZEN □ PERMANENT RESIDEN	T 🛛 NON-U.S. CITIZEN	*
Date of Birth:	*If non-U.S. citizen, please list your vis	a status:	
E-mail Address:@vt.edu account, preferre	Current Program	Degree Level	
Daytime Phone: Home Office Mobi	le First Term of Enrollment	EDUCATION SPMASTERS	PECIALIST
	Anticipated Completion Term FALL SPRING SUMMER I SUMMER II Campus BLACKSBURG HAMPTON ROADS NA		RICHMOND
city state zip o	Country CROANOKE COUTHWEST VIRGINIA COUNTRY	RTUAL	

Required Signatures

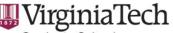
Signatures of all dropped, added, and unchanged members are required. Please indicate the action to be taken for each committee member. Action Code: D = Drop, A = Add, U = Unchanged

ACTION CODE				
	COMMITTEE CHAIRPERSON signature	printed name	VT ID number	date
	COMMITTEE CHAIRPERSON signature	printed name	VT ID number	date
	COMMITTEE MEMBER signature	printed name	VT ID number	date
	COMMITTEE MEMBER signature	printed name	VT ID number	date
	COMMITTEE MEMBER signature	printed name	VT ID number	date
	COMMITTEE MEMBER signature	printed name	VT ID number	date
	COMMITTEE MEMBER signature	printed name	VT ID number	date
	NT HEAD signature	printed name	VT ID number	date
or authoriz	zed GRADUATE PROGRAM DIRECTOR			

or authorized GRADUATE PROGRAM DIRECTOR		
STUDENT signature	date	Return your completed form to: Graduate School
		Graduate Life Center at
		Donaldson Brown
DEPARTMENT CONTACT (GRADUATE STAFF COORDINATOR) signature	date	Virginia Tech (0325)
		Blacksburg, VA 24061
		Fax: 540/231-2039
GRADUATE SCHOOL signature	date	
		Questions? Call 540/231-8636 or e-mail <i>grads@vt.edu</i> for assistance.

PERSONAL INFO

CHANGE OF COMMITTEE/ADVISOR PAGE 1 OF 1, JUNE 2015



Graduate School

CHANGE OF COMMITTEE/ADVISOR ADDITIONAL SIGNATURES (AS NEEDED ONLY)

Use this page for additional committee member signatures, as needed.

LAST/FAMILY NAME

FIRST/GIVEN NAME

MIDDLE NAME

SUFFIX

Last 4 of VT ID #:

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

ACTIONAL SIGNATURES

COMMITTEE MEMBER signature	printed name	VT ID number	date
COMMITTEE MEMBER signature	printed name	VT ID number	date
COMMITTEE MEMBER signature	printed name	VT ID number	date
COMMITTEE MEMBER signature	printed name	VT ID number	date
COMMITTEE MEMBER signature	printed name	VT ID number	date

Return your completed form to: Graduate School Graduate Life Center at Donaldson Brown Virginia Tech (0325) Blacksburg, VA 24061 Fax: 540/231-2039