

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

PERSONAL INFO

LAST/FAMILY NAME _____	FIRST/GIVEN NAME _____	MIDDLE NAME _____	SUFFIX _____
Last 4 of VT ID #: _____	<b>Citizenship</b> <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> NON-U.S. CITIZEN* <i>*If non-U.S. citizen, please list your visa status:</i> _____		
Date of Birth: _____ month/day/year	<b>Current Program</b> _____		<b>Degree Level</b> <input type="checkbox"/> DOCTORAL <input type="checkbox"/> EDUCATION SPECIALIST <input type="checkbox"/> MASTERS
E-mail Address: _____ @vt.edu account, preferred	<b>First Term of Enrollment</b> <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I <input type="checkbox"/> SUMMER II    _____ year		
Daytime Phone: _____	<b>Anticipated Completion Term</b> <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I <input type="checkbox"/> SUMMER II    _____ year		
Local Address <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Mobile _____ _____ _____ city                                  state                  zip                  country	<b>Campus</b> <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		

**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

REQUIRED SIGNATURES

ACTION CODE	COMMITTEE CHAIRPERSON signature	printed name	VT ID number	date
	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
	COMMITTEE MEMBER signature	printed name	VT ID number	date
	COMMITTEE MEMBER signature	printed name	VT ID number	date
	DEPARTMENT HEAD signature or authorized GRADUATE PROGRAM DIRECTOR	printed name	VT ID number	date
	STUDENT signature	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 [grads@vt.edu](mailto:grads@vt.edu) for assistance.

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

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

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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**

**ACTION  
 CODE**

ADDITIONAL 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

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