

Obtain all required signatures and submit the original to the Graduate School. Attach a second form if more space is needed.

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: _____ <span style="font-size: small; margin-left: 100px;">month/day/year</span>	<b>Current Program</b> _____		
E-mail Address: _____ <span style="font-size: small; margin-left: 100px;">@vt.edu account, preferred</span>	<b>Degree Level</b> <input type="checkbox"/> DOCTORAL <input type="checkbox"/> EDUCATION SPECIALIST <input type="checkbox"/> MASTERS		
Daytime Phone: _____ <span style="font-size: small; margin-left: 100px;"><input type="checkbox"/> Home   <input type="checkbox"/> Office   <input type="checkbox"/> Mobile</span>	<b>First Term of Enrollment</b> <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I   _____ <span style="font-size: small; margin-left: 200px;"><input type="checkbox"/> SUMMER II                                                  year</span>		
Local Address _____ _____ _____	<b>Anticipated Completion Term</b> <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I   _____ <span style="font-size: small; margin-left: 200px;"><input type="checkbox"/> SUMMER II                                                  year</span>		
_____	<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		
_____			
_____			
city                                          state                                          zip                                          country			

REQUIRED INFO

**Drop**

DEPARTMENT	COURSE NUMBER	TITLE	CREDIT HOURS	SEMESTER	YEAR

**Add**

DEPARTMENT	COURSE NUMBER	TITLE	CREDIT HOURS	SEMESTER	YEAR

\_\_\_\_\_  
STUDENT SIGNATURE date

### Required Signatures

COMMITTEE CHAIRPERSON signature	printed name	e-mail (@vt.edu, preferred)	date
COMMITTEE MEMBER signature	printed name	e-mail (@vt.edu, preferred)	date
COMMITTEE MEMBER signature	printed name	e-mail (@vt.edu, preferred)	date
COMMITTEE MEMBER signature	printed name	e-mail (@vt.edu, preferred)	date
COMMITTEE MEMBER signature	printed name	e-mail (@vt.edu, preferred)	date

SIGNATURES

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.