🌡 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
Student ID Number: Date of Birth:	Citizenship U.S. CITIZEN VIT PERMANENT RESIT *If non-resident alien, please list yo	
month/day/year E-mail Address: @vt.edu account, preferred	Current Program	Degree Level
Daytime Phone: Home Office Mobile Local Address		EDUCATION SPECIALIST MASTERS ear
	Campus BLACKSBURG HAMPTON ROADS	ear NATIONAL CAPITAL REGION 🗆 RICHMON
city state zip country	ROANOKE SOUTHWEST VIRGINIA	

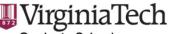
Required Signatures

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
DEPARTMEN or authorize	NT HEAD signature ed GRADUATE PROGRAM DIRECTOR	printed name	VT ID number	date

or authorized GRADUATE PROGRAM DIRECTOR	printed fiame	
		Return your completed form to:
STUDENT signature	date Graduate School Graduate Life Center at Donaldson Brown date Virginia Tech (0325) Blacksburg, VA 24061	
		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 gradappl@vt.edu for assistance.

PERSONAL INFO



Graduate School

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

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

LAST/FAMILY NAME

ACTION CODE FIRST/GIVEN NAME

MIDDLE NAME

SUFFIX

Student ID Number:_

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

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

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