VirginiaTech
Graduate School

REQUEST FOR PLAN OF STUDY CHANGES

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

Student ID Number: _____

Date of Birth: _____ month/day/year

E-mail Address: _____ *@vt.edu* account, preferred

Daytime Phone: _____ ☐ Home ☐ Office ☐ Mobile

Local Address

_____

_____

_____

city | state | zip | country

Citizenship

☐ U.S. CITIZEN ☐ PERMANENT RESIDENT ☐ NON-RESIDENT ALIEN*

**If non-resident alien, please list your visa status:* _____

Current Program

_____

Degree Level

☐ DOCTORAL
☐ EDUCATION SPECIALIST
☐ MASTERS

First Term of Enrollment

☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II _____ year

Anticipated Completion Term

☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II _____ year

Campus

☐ BLACKSBURG ☐ HAMPTON ROADS ☐ NATIONAL CAPITAL REGION ☐ RICHMOND
☐ ROANOKE ☐ SOUTHWEST VIRGINIA ☐ VIRTUAL

REQUIRED INFO

Drop

DEPARTMENT	COURSE NUMBER	TITLE	CREDIT HOURS	SEMESTER	YEAR
				Fall	
				Fall	
				Fall	
				Fall	

Add

DEPARTMENT	COURSE NUMBER	TITLE	CREDIT HOURS	SEMESTER	YEAR
				Fall	
				Fall	
				Fall	
				Fall	

STUDENT SIGNATURE | date

SIGNATURES

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

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 *gradappl@vt.edu* for assistance.