

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. Last/Family Name First/Given Name Middle Name Suffix

Date of Birth: Last 4 of VT ID #: Degree level: E-mail Address:_ @vt.edu account ☐ Doctoral ☐ Education Specialist Current Program: _ □ Masters Campus: □ Blacksburg □ Hampton Roads □ National Capital Region □ Richmond □ Roanoke □ Southwest Virginia □ Virtual Drop Department Course number Credit Hours title semester Year Department Course number title Credit Hours semester Year Required signatures Student signature printed name e-mail (@vt.edu, preferred) date Committee Chairperson signature printed name e-mail (@vt.edu, preferred) date

Return your completed form to:

Graduate School Graduate Life Center at Donaldson Brown

Virginia Tech (0325) • Blacksburg, VA 24061 Fax: 540/231-2039

Graduate School signature

Academic Department Contact (Graduate Faculty Director) signature date

date

Questions? Call 540/231-8636 or e-mail grads@vt.edu for assistance.