VirginiaTech
Graduate School

REQUEST FOR CHANGE OF DEGREE STATUS

This form is to be used for an enrolled student when changing degree status from masters to doctoral, doctoral to masters, or masters to masters, **within the same major**.

International students must consult with an international student advisor in the Graduate School to discuss how a change of degree status affects their immigration status.

PERSONAL INFO

LAST/FAMILY NAME _____ FIRST/GIVEN NAME _____ MIDDLE NAME _____ SUFFIX _____

Last 4 of VT ID #: _____

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-U.S. CITIZEN*
**If non-U.S. citizen, 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

I wish to change my admission status from:

☐ MASTERS TO DOCTORAL (MASTER'S DEGREE EARNED) ☐ MASTERS TO DIRECT PHD (MASTER'S DEGREE NOT YET EARNED) ☐ DOCTORAL TO MASTERS OTHER: _____ to _____

Term Change Effective
☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II _____ year

Semester hours of graduate work completed: _____ **GPA:** _____

STUDENT SIGNATURE _____ date

SIGNATURES

Required Signatures

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

DEPARTMENT HEAD signature or authorized GRADUATE PROGRAM DIRECTOR _____ printed name _____ e-mail (*@vt.edu*, preferred) _____ date _____

DEPARTMENT CONTACT (GRADUATE STAFF COORDINATOR) signature _____ date _____

INTERNATIONAL GRADUATE STUDENT SERVICES (for F-1 & J-1 students) 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* for assistance.