

REQUEST FOR MASTERS THESIS OPTION CHANGE

This form is to be used for an enrolled student when changing between a thesis and non-thesis degree option for a masters degree.

LAST/FAMILY NAME	FIRST/GIVEN NAME	MIDDLE NAME	SUFFIX
Last 4 of VT ID #:	Citizenship U.S. CITIZEN PERMANENT RESIDENT 	D NON-U.S. CITIZEN*	
Date of Birth:	*If non-U.S. citizen, please list your visa	status:	
E-mail Address: @vt.edu account, preferred	Current Program		
Daytime Phone:	First Term of Enrollment	_	
Local Address	FALL SPRING SUMMER I SUMMER II year	_	
	Anticipated Completion Term Grant Spring Summer I	_	
	SUMMER II year Campus	_	
city state zip country	BLACKSBURG HAMPTON ROADS NAT ROANOKE SOUTHWEST VIRGINIA VI		RICHM
Change my thesis option from	Term Change Effe	ctive	
THESIS TO NON-THESIS NON-THESIS TO	THESIS GALL SPRING	SUMMER I	
Reason for the requested change and comments cond	cerning plan of study:		
Image: My plan of study has changed. (Please submit a Required)	uest for Plan of Study Changes Form in addi	tion to completing this f	orm.)

STUDENT SIGNATURE

Required Signatures

SIGNATURES

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
COMMITTEE CHAIRPERSON signature	printed name		e-mail (@vt.edu, preferred)	date
DEPARTMENT HEAD signature or authorized GRADUATE PROGRAM DIREC DEPARTMENT CONTACT (GRADUATE STAFF (date	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	
	cookbinktok, signature	uute	Fax: 540/2	
GRADUATE SCHOOL signature		date	Questions? Call 540/23 e-mail grads@vt.edu for assis	

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