

# CHANGE OF GRADUATE PROGRAM REQUEST

Use this form to change to a new graduate program at the same degree level. The request requires review and acceptance by the new department, which may request a copy of the original admission application from the Graduate School.

Last/Family Name _____		First/Given Name _____	Middle Name _____
Last 4 digits of VT ID: _____		Citizenship U.S. Citizen    Permanent Resident    Non-U.S. Citizen* <i>*If non-U.S. citizen, please list your visa status: _____</i>	
E-mail Address: _____ <small>@vt.edu account, preferred</small>		Current Program _____	

<b>Campus</b> Blacksburg    Hampton Roads    National Capital Region    Richmond Roanoke    Southwest Virginia    Virtual	<b>Degree Level</b> Doctoral Education Specialist Master's
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I request to have my graduate program changed to:

New Program: \_\_\_\_\_ College: \_\_\_\_\_

Term Change Effective  
Fall    Spring    Summer    Year \_\_\_\_\_

STUDENT Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

DEPARTMENT HEAD FOR NEW GRADUATE PROGRAM Signature or authorized GRADUATE PROGRAM DIRECTOR \_\_\_\_\_ Printed Name \_\_\_\_\_ e-mail (@vt.edu, preferred) \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

DEPARTMENT HEAD FOR CURRENT GRADUATE PROGRAM Signature or authorized GRADUATE PROGRAM DIRECTOR \_\_\_\_\_ Printed Name \_\_\_\_\_ e-mail (@vt.edu, preferred) \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

DEPARTMENT CONTACT FOR CURRENT GRADUATE PROGRAM Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

DEPARTMENT CONTACT FOR NEW GRADUATE PROGRAM (GRADUATE STAFF COORDINATOR) Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

INTERNATIONAL ADVISOR (for F-1 and J-1 students) Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

GRADUATE SCHOOL Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

Submit your completed form:  
<https://gs.vt.edu/forms>  
120 Graduate Life Center, Blacksburg  
NVC 7054 Haycock Road, Falls Church  
For assistance, call 540-231-8636 or  
e-mail [grads@vt.edu](mailto:grads@vt.edu)