

# DEGREE OR CERTIFICATE CONFERRAL REQUEST

Use this form to initiate the process of graduate degree or certificate conferral. Please use only one form per degree or certificate requested. A \$25.00 processing fee will be charged to your account for the first application submitted per year. If degree requirements are not completed by the term indicated on this application, you must submit a new request form for the appropriate term.

\_\_\_\_\_  
Last/Family Name

\_\_\_\_\_  
First/Given Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last 4 digits of VT ID:

\_\_\_\_\_  
E-mail Address:

@vt.edu account, preferred

## Diploma Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
City State Zip Country

## Degree/Certificate Program

### Term Of Completion

FALL SPRING SUMMER YEAR \_\_\_\_\_

### Degree Level

\_\_\_\_\_  
Doctoral  
Education Specialist  
Master's  
Graduate Certificate

### Campus

\_\_\_\_\_  
Blacksburg Hampton Roads National Capital Region Richmond  
Roanoke Southwest Virginia Virtual

**Application for:** (select only one per form)

Degree  Certificate

\_\_\_\_\_  
Dissertation or Thesis Title (if applicable)

\_\_\_\_\_  
STUDENT 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)