APPLICATION FOR SIMULTANEOUS GRADUATE DEGREE

For assistance, call 540-231-8636 or

email grads@vt.edu

Graduate students who want to pursue simultaneous graduate-level degrees use this form to apply. Students must obtain approval from both academic departments to add the second graduate level degree.

Last/Family Name	First/Given Name		Middle Name	Middle Name	
Look 4 digite of VT ID.	Citizenship	1			
Last 4 digits of VT ID:		zen Permanent Resident		Non-U.S. Citizen*	
	*If non-U.	S. citizen, please	list your visa status:		
E-mail Address:	_				
@vt.edu account, preferred					
	Current Degree Level:				
Current Program:	Doctoral ····Education Specialis			.t ···Master's	
In addition to my current program, I simultaneously wish to se	ek the following	additional progr	am:		
Additional Program:	al Program: Degree Level:				
, additional Frograms		Doctoral	Education Specialis	t Master's	
				_	Specify Master's Degree Typ
First Term of Additional Program Enrollment		Campus:			
FALL SPRING SUMMER YEAR		Blacksburg Roanoke	Hampton Roads Southwest Virginia	=	ital Region [*] Richmond
		Nourione	Journwest Vingilia	VII Caai	
STUDENT Signature		Date (MM/DD/	YY)		
CURRENT PROGRAM COMMITTEE CHAIRPERSON Signature	Printed Name	e-mail (<i>@vt.edu</i> , prefe		arrad)	Date (MM/DD/YY)
COMMENT FROODAM COMMITTEE CHAIN ENSON Signature	Fillited Name		e-man (@vt.euu, prei	erreuj	Date (MINI/DD/11)
CURRENT PROGRAM DEPARTMENT HEAD Signature or authorized GRADUATE PROGRAM DIRECTOR	Printed Name		e-mail (@vt.edu, pref	erred)	Date (MM/DD/YY)
CURRENT PROGRAM DEPARTMENT CONTACT (GRADUATE STAFF		Date (MM/DD			
COORDINATOR) Signature		Date (MINI/DD)	(11)		
ADDITIONAL PROGRAM COMMITTEE CHAIRPERSON Signature	Printed Name	e-mail (<i>@vt.edu,</i> prefe		erred)	Date (MM/DD/YY)
ADDITIONAL PROGRAM DEPARTMENT HEAD Signature	Printed Name		e-mail (@vt.edu, pref	erred)	Date (MM/DD/YY)
or authorized GRADUATE PROGRAM DIRECTOR					
				6.1	
ADDITIONAL PROGRAM DEPARTMENT CONTACT (GRADUATE STAFF		Date (MM/DD,	/YY)		our completed form:
COORDINATOR) Signature			13		tp://gs.vt.edu/forms fe Center, Blacksburg
			\\\VT.IC/		omac Ave, Alexandria
GRADUATE SCHOOL Signature		Date (MM/DD/	YY)	.DI, JUZJ FUL	omac Ave, Alexandra

Page 1 of 1, Jan 2025