GRADUATE SCHOOL
VIRGINIA TECH

PLAN OF STUDY CHANGE REQUEST

Use this form to change the courses listed on a plan of study that has met final Graduate School approval.

Student Information

Last/Family Name | **First/Given Name** | **Middle Name**

Last 4 digits of VT ID: _____ **E-mail Address:** _____
@vt.edu account, preferred

Request Details/Information

Current Program: _____

Degree Level:
- ☐ Doctoral
- ☐ Education Specialist
- ☐ Master's

Current Campus:
☐ Blacksburg ☐ Hampton Roads ☐ National Capital Region ☐ Richmond
☐ Roanoke ☐ Southwest Virginia ☐ Virtual

Drop

Department	Course Number	Title	Credit Hours	Semester	Year

Add

Department	Course Number	Title	Credit Hours	Semester	Year

Signatures

STUDENT Signature | Printed Name | e-mail (*@vt.edu*, preferred) | Date (MM/DD/YY)

COMMITTEE CHAIRPERSON Signature | Printed Name | e-mail (*@vt.edu*, preferred) | Date (MM/DD/YY)

ACADEMIC DEPARTMENT CONTACT (GRADUATE FACULTY DIRECTOR) 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
VT ICAB1, 3625 Potomac Ave, Alexandria
For assistance, call 540-231-8636 or
e-mail grads@vt.edu