GRADUATE SCHOOL
VIRGINIA TECH.

COLLABORATIVE UNDERGRADUATE/GRADUATE DEGREE AND COURSE DESIGNATION FORM

This form is used to notify the Graduate School that the VT department and collaborative institution supports a student's pursuit of the collaborative UG/GR program. Students must also submit a formal Graduate School application for admission and be admitted to the designated program, prior to receipt of this form. All course information must be completed in full. A maximum of 12 credit hours can be used in the collaborative program.

LAST/FAMILY NAME _____ FIRST/GIVEN NAME _____ MIDDLE NAME _____ SUFFIX _____

Last 4 digits of VT ID Number _____

Date of Birth: _____
month/day/year

E-mail Address: _____

Daytime Phone: _____
☐ Home ☐ Office ☐ Mobile

Mailing Address:

_____

_____

_____

_____
city state zip country

Citizenship
☐ U.S. CITIZEN ☐ PERMANENT RESIDENT ☐ NON-U.S. CITIZEN*
**If non-U.S. citizen, please list your visa status:* _____

VT Graduate Program

_____

Anticipated Completion of Bachelors Degree
☐ FALL ☐ SPRING ☐ SUMMER _____
year

Term to Begin Counting Graduate-Level Credit
(within the last two semesters of the undergraduate degree)
☐ FALL ☐ SPRING ☐ SUMMER _____
year

First Term of Full Masters Enrollment as a VT Graduate Student
☐ FALL ☐ SPRING ☐ SUMMER _____
Year

Campus
☐ BLACKSBURG
☐ NATIONAL CAPITAL REGION

TERM	YEAR	DEPARTMENT	COURSE NUMBER	CRN (IF KNOWN)	# OF CREDIT HOURS	COURSE TITLE

☐ UPDATED FROM INITIAL SUBMISSION

_____
STUDENT SIGNATURE date

Required Signatures

_____
CURRENT INSTITUTION PROGRAM DIRECTOR signature printed name e-mail date

_____
VT GRADUATE PROGRAM DIRECTOR signature printed name e-mail (*@vt.edu*) date

_____
VT GRADUATE STAFF COORDINATOR signature printed name date

_____
GRADUATE SCHOOL signature date

Return your completed form to:
VT Graduate School
120 Graduate Life Center
grads@vt.edu
Fax: 540/231-2039

Questions? Call 540/231-8636 or e-mail *grads@vt.edu* for assistance.