

# ACCELERATED UNDERGRADUATE/GRADUATE DEGREE AND COURSE DESIGNATION FORM

This form is used as a cover sheet to notify the Graduate School that the department supports a student's pursuit of the following 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. Requests that do not provide required information *cannot* be processed.

Check applicable program:  
 Please refer to the Undergraduates Taking Graduate Courses section within the current Graduate Catalog for specific requirements detailing each status. [www.grads.vt.edu](http://www.grads.vt.edu) (Academics/Graduate Catalog)

- ACCELERATED UG/GR DEGREE
- BACHELORS TO MASTERS
- BACHELORS TO DIRECT PHD
- DUAL STUDENT STATUS
- 152HR ACIS MASTERS DEGREE
- COMBINED STUDENT STATUS (ARCHITECTURE ONLY)

PERSONAL INFO

LAST/FAMILY NAME Last 4 digits of VT ID Number		FIRST/GIVEN NAME	MIDDLE NAME	SUFFIX
Date of Birth: _____ month/day/year		<b>Citizenship</b> <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> NON-U.S. CITIZEN* <i>*If non!! "G" Visa/Yb, please list your visa status: _____</i>		
E-mail Address: _____ @vt.edu account, preferred		<b>Current Program</b> _____ <b>Campus</b> <input type="checkbox"/> BLACKSBURG		
Daytime Phone: _____ <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Mobile		<b>Anticipated Completion of Bachelors Degree</b> <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I   _____ <input type="checkbox"/> SUMMER II   _____ year		
Local Address _____ _____ _____		<b>Term to Begin Anticipating Graduate-Level Credit (within the last two semesters of the undergraduate degree)</b> <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I   _____ <input type="checkbox"/> SUMMER II   _____ year		
city	state	zip	country	
<b>First Term of Enrollment as a Graduate Student</b> <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I   _____ <input type="checkbox"/> SUMMER II   _____ year				

REQUIRED INFO

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

UPDATED FROM INITIAL SUBMISSION

\_\_\_\_\_ date  
STUDENT SIGNATURE

### Required Signatures

**Your Program Coordinator's Signature based on the graduate option you plan to pursue (ex. Dr. Roberts-Wollman for structures (SEM))**

ADVISOR signature \_\_\_\_\_ printed name \_\_\_\_\_ e-mail (@vt.edu, preferred) \_\_\_\_\_ date \_\_\_\_\_

DEPARTMENT HEAD signature \_\_\_\_\_ printed name \_\_\_\_\_ e-mail (@vt.edu, preferred) \_\_\_\_\_ date \_\_\_\_\_  
 or authorized GRADUATE PROGRAM DIRECTOR

DEPARTMENT CONTACT (GRADUATE STAFF COORDINATOR) signature \_\_\_\_\_ date \_\_\_\_\_

GRADUATE SCHOOL signature \_\_\_\_\_ date \_\_\_\_\_

**Return your completed form to:**  
**Graduate School**  
 GLC at Donaldson Brown  
 Virginia Tech (0325)  
 Fax: 540/231-2727

**Questions?** Call 540/231-8636 or e-mail [grads@vt.edu](mailto:grads@vt.edu) for assistance.

**Once you sign the form and get your Program Coordinator's signature, send the completed form to Ms. Kara Lattimer (karalatt@vt.edu). She will obtain the remaining signatures.**

SIGNATURES