

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 _____ Citizenship
 U.S. CITIZEN PERMANENT RESIDENT NON-U.S. CITIZEN*
 Date of Birth: _____ *If non-U.S. citizen, please list your visa status: _____
month/day/year
 E-mail Address: _____ VT Graduate Program
 Daytime Phone: _____ year

_____ First Term of Full Masters Enrollment as a VT Graduate Student
city state zip country 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

