

This form should be used to obtain approval from both academic departments when seeking to pursue simultaneous graduate level degrees. The simultaneous application fee is \$75.00 will be charged to your VT student account.

PERSONAL INFO

LAST/FAMILY NAME	FIRST/GIVEN NAME	MIDDLE NAME	SUFFIX
@Ugh('cZJH'8': _____ if known			
<b>Date of Birth:</b> _____ month/day/year			
<b>E-mail Address:</b> _____ @vt.edu account, preferred			
<b>Daytime Phone:</b> _____ <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Mobile			
<b>Local Address</b> _____ _____ _____ city state zip country			
<b>Citizenship</b> <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> NON-U.S. CITIZEN* *If non-U.S. citizen, please list your visa status: _____			
<b>Current Program</b> _____		<b>Degree Level</b> <input type="checkbox"/> DOCTORAL <input type="checkbox"/> EDUCATION SPECIALIST <input type="checkbox"/> MASTERS	
<b>First Term of Enrollment</b> <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I _____ <input type="checkbox"/> SUMMER II _____ year			
<b>Anticipated Completion Term</b> <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I _____ <input type="checkbox"/> SUMMER II _____ year			
<b>Campus</b> <input type="checkbox"/> BLACKSBURG <input type="checkbox"/> HAMPTON ROADS <input type="checkbox"/> NATIONAL CAPITAL REGION <input type="checkbox"/> RICHMOND <input type="checkbox"/> ROANOKE <input type="checkbox"/> SOUTHWEST VIRGINIA <input type="checkbox"/> VIRTUAL			

In addition to my current program, described above, I simultaneously wish to seek

REQUIRED INFO

<b>Additional Program</b> _____	<b>Degree Level</b> <input type="checkbox"/> DOCTORAL <input type="checkbox"/> EDUCATION SPECIALIST <input type="checkbox"/> MASTERS
<b>First Term of Enrollment</b> <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I _____ <input type="checkbox"/> SUMMER II _____ year	<b>Campus</b> <input type="checkbox"/> BLACKSBURG <input type="checkbox"/> HAMPTON ROADS <input type="checkbox"/> NATIONAL CAPITAL REGION <input type="checkbox"/> RICHMOND <input type="checkbox"/> ROANOKE <input type="checkbox"/> SOUTHWEST VIRGINIA <input type="checkbox"/> VIRTUAL
<b>Anticipated Completion Term</b> <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER I _____ <input type="checkbox"/> SUMMER II _____ year	

\_\_\_\_\_  
APPLICANT SIGNATURE date

### Required Signatures

SIGNATURES

COMMITTEE CHAIRPERSON signature	printed name	e-mail (@vt.edu, preferred)	date
CURRENT DEPARTMENT HEAD signature or authorized GRADUATE PROGRAM DIRECTOR	printed name	e-mail (@vt.edu, preferred)	date
SECOND COMMITTEE CHAIRPERSON signature	printed name	e-mail (@vt.edu, preferred)	date
SECOND DEPARTMENT HEAD signature or authorized GRADUATE PROGRAM DIRECTOR	printed name	e-mail (@vt.edu, preferred)	date
DEPARTMENT CONTACT (GRADUATE STAFF COORDINATOR) signature			date
GRADUATE SCHOOL signature			date

**Return your completed form to:**  
**Graduate School**  
 Graduate Life Center at Donaldson Brown  
 Virginia Tech (0325)  
 Blacksburg, VA 24061  
 Fax: 540/231-2039

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