

**VIRGINIA TECH
GRADUATE SCHOOL
REQUEST FOR PLAN OF STUDY CHANGES**

Please submit the original and two copies to the Graduate School.

DATE _____

Please make the following changes in my plan of study, leading to the _____
degree in _____.

<u>Dept. & Course No.</u>	<u>Title</u>	<u>Credit Hours</u>	<u>Year & Semester</u>
DROP: _____			

ADD: _____			

These changes are necessary for the following reason:

Student's name _____ Student's number _____

Approval recommended (please sign)

Student's signature

Major Professor

Member of Committee

Dept. Head or Program Chairman

Member of Committee

Member of Committee

Member of Committee