

# 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: \_\_\_\_\_ month/day/year \*If non-U.S. citizen, please list your visa status: \_\_\_\_\_  
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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

