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

Last 4 digits of VT ID Number

Date of Birth: ______________ month/day/year

E-mail Address:

Daytime Phone: □ Home □ Office □ Mobile

Mailing Address:

Anticipated Completion of Bachelors Degree
□ FALL □ SPRING □ SUMMER ______________ year

Term to Begin Counting Graduate-Level Credit (within the last two semesters of the undergraduate degree)
□ FALL □ SPRING □ SUMMER ______________ year

First Term of Full Masters Enrollment as a VT Graduate Student
□ FALL □ SPRING □ SUMMER ______________ Year

Campus
□ BLACKSBURG
□ NATIONAL CAPITAL REGION

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<th>TERM</th>
<th>YEAR</th>
<th>DEPARTMENT</th>
<th>COURSE NUMBER</th>
<th>CRN (IF KNOWN)</th>
<th># OF CREDIT HOURS</th>
<th>COURSE TITLE</th>
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□ UPDATED FROM INITIAL SUBMISSION

STUDENT SIGNATURE ______________ date

Required Signatures

CURRENT INSTITUTION PROGRAM DIRECTOR signature printed name e-mail ______________ date

VT GRADUATE PROGRAM DIRECTOR signature printed name e-mail (@vt.edu) ______________ date

VT GRADUATE STAFF COORDINATOR signature printed name ______________ date

GRADUATE SCHOOL signature ______________ date

Questions? Call 540/231-8636 or e-mail grads@vt.edu for assistance.

Return your completed form to:
VT Graduate School
120 Graduate Life Center
grads@vt.edu
Fax: 540/231-2039

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