

This form is used for a graduate withdrawal or late drop after the drop deadline. This class will remain on the transcript designated as a "WG" and does not compute in the GPA. This form should be submitted to the home department and then to the Graduate School for approval by the final Friday before the last day of classes.

PERSONAL INFO

LAST/FAMILY NAME \_\_\_\_\_ FIRST/GIVEN NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ SUFFIX \_\_\_\_\_

Last 4 of VT ID #: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
month/day/year

**E-mail Address:** \_\_\_\_\_  
@vt.edu account, preferred

**Daytime Phone:** \_\_\_\_\_  
 Home  Office  Mobile

**Local Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
city state zip country

**Citizenship**  
 U.S. CITIZEN  PERMANENT RESIDENT  NON-U.S. CITIZEN\*  
*\*If non-U.S. citizen, please list your visa status:* \_\_\_\_\_

**Current Program** \_\_\_\_\_

**First Term of Enrollment**  
 FALL  SPRING  SUMMER I \_\_\_\_\_  
 SUMMER II \_\_\_\_\_ year

**Anticipated Completion Term**  
 FALL  SPRING  SUMMER I \_\_\_\_\_  
 SUMMER II \_\_\_\_\_ year

**Campus**  
 BLACKSBURG  HAMPTON ROADS  NATIONAL CAPITAL REGION  RICHMOND  
 ROANOKE  SOUTHWEST VIRGINIA  VIRTUAL

**Degree Level**  
 DOCTORAL  
 EDUCATION SPECIALIST  
 MASTERS  
 GRADUATE CERTIFICATE  
 NON-DEGREE  
 COMMONWEALTH CAMPUS

REQUIRED INFO

TERM	YEAR	DEPARTMENT	COURSE NUMBER	CRN	# OF CREDIT HOURS	COURSE TITLE	A - F, PASS/FAIL, AUDIT
							<input type="checkbox"/> A - F <input type="checkbox"/> P/F <input type="checkbox"/> AUDIT
							<input type="checkbox"/> A - F <input type="checkbox"/> P/F <input type="checkbox"/> AUDIT

\_\_\_\_\_  
STUDENT SIGNATURE date

**Required Signatures**

SIGNATURES

INSTRUCTOR signature \_\_\_\_\_ printed name \_\_\_\_\_ e-mail (@vt.edu, preferred) \_\_\_\_\_ date \_\_\_\_\_

DEPARTMENT HEAD signature \_\_\_\_\_ printed name \_\_\_\_\_ e-mail (@vt.edu, preferred) \_\_\_\_\_ date \_\_\_\_\_  
or authorized GRADUATE PROGRAM DIRECTOR

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: 540/231-3714

**Questions?** Call 540/231-8306 or e-mail [grads@vt.edu](mailto:grads@vt.edu) for assistance.