

Obtain all required signatures for requested transaction. Return this form to 1060 Litton-Reaves Hall.

Virginia Polytechnic Institute and State University
Change of Option Form - College of Agriculture and Life Sciences

_____	_____	_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>Current Major</i>	<i>Student Number</i>
_____	_____	_____	_____	_____
<i>Academic Level</i>	<i>E-mail Address</i>	<i>Today's Date</i>	<i>Effective TERM/YEAR of Change</i>	

APPLICATION TO DECLARE AN OPTION

I request to have my option declared as (and)

APPROVED BY: (Obtain signatures for approval in the order given.)

1. _____
Departmental Signature

2. _____
Associate Dean Signature

APPLICATION TO ADD OR CHANGE AN OPTION

I request to have my option CHANGED

from to

Current Option *New Option*

I request to DROP the following option

Option to Drop

APPROVED BY: (Obtain signatures for approval in the order given.)

1. _____
Departmental Signature

2. _____
Associate Dean Signature
(1060 Litton-Reaves)

I authorize the University to change the information on this form as approved by my Dean/Departmental Representative.

Student Signature