

Request to Add, Drop, or Change an Option in Political Science

	STUDENT INFORMATION
	STUDENT INFORMATION
Student ID Number:	
Last Name:	First Name:
VT Email:	Cell Phone Number:
Major:	
Expected Vear of Grad	luation
Expected Year of Grad	
	REQUESTED CHANGE(S)
	nge(s) you would like to request and select the tion from the corresponding drop-down menu:
Declare an Option	
Option to Add:	
Drop an Option	
Option to Drop	
Change an Option	
Current Option	n:
Desired Option	
SIGNATURES OF APPROVAL I authorize the University to make the changes as indicated on this form as	
approved by my academ	
Student:	Date:
Advisor:	Date:
	OFFICE USE ONLY
Date Received:	Date Processed:
Processed By:	

Revised August 2023