



Graduate School

# REQUEST FOR PLAN OF STUDY CHANGES

Obtain all required signatures and submit the original to the Graduate School. Attach a second form if more space is needed.

PERSONAL INFO

Kondur  
LAST/FAMILY NAME

Navyaram  
FIRST/GIVEN NAME

Venkata  
MIDDLE NAME SUFFIX

Last 4 of VT ID #: 4937

Date of Birth: 06/01/83  
month/day/year

E-mail Address: knav16@vt.edu  
@vt.edu account, preferred

Daytime Phone: 5713791465  
Home Office Mobile

Local Address: 1440, Seneca Drive, Apt I, Hunters Ridge

Blacksburg VA 24060 USA  
city state zip country

Citizenship  
 U.S. CITIZEN  PERMANENT RESIDENT  NON-U.S. CITIZEN\*  
\*If non-U.S. citizen, please list your visa status: F1

Current Program \_\_\_\_\_ Degree Level  
 DOCTORAL  
 EDUCATION SPECIALIST  
 MASTERS

First Term of Enrollment  
 FALL  SPRING  SUMMER I 2016  
 SUMMER II year

Anticipated Completion Term  
 FALL  SPRING  SUMMER I 2018  
 SUMMER II year

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

REQUIRED INFO

### Drop

DEPARTMENT	COURSE NUMBER	TITLE	CREDIT HOURS	SEMESTER	YEAR
				Fall	
				Fall	
				Fall	
				Fall	

### Add

DEPARTMENT	COURSE NUMBER	TITLE	CREDIT HOURS	SEMESTER	YEAR
CS	5504	Computer Architecture	3	Fall	2018
CS	5565	Network Architecture and Protocols	3	Fall	2018
CS	5714	Usability Engineering	3	Spring	2018
				Fall	

*Aditya Ramk. V.*  
STUDENT SIGNATURE 2/21/18 date

SIGNATURES

### Required Signatures

*[Signature]* D.S. McCrackan mcrackd 2/16/18  
COMMITTEE CHAIRPERSON signature printed name e-mail (@vt.edu, preferred) date

*[Signature]* Steven R Harrison srh@vt.edu 2/16/18  
COMMITTEE MEMBER signature printed name e-mail (@vt.edu, preferred) date

*[Signature]* Michael A Horning mhorning@vt.edu 2/21/18  
COMMITTEE MEMBER signature printed name e-mail (@vt.edu, preferred) date

COMMITTEE MEMBER signature printed name e-mail (@vt.edu, preferred) date

COMMITTEE MEMBER signature printed name e-mail (@vt.edu, preferred) date

COMMITTEE MEMBER signature printed name e-mail (@vt.edu, preferred) date

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: 540/231-2039

Questions? Call 540/231-8636 or e-mail [grads@vt.edu](mailto:grads@vt.edu) for assistance.