NAME _____

STUDENT I.D. _____

TERM _____

VILLANOVA UNIVERSITY

OFFICE OF REGISTRAR
800 LANCASTER AVENUE
VILLANOVA, PA 1908-1694

COURSE I.D. NUMBER				CREDITS
CRN	SUBJ	CRSE	SECT	

STUDENT SIGNATURE _____

APPROVING SIGNATURE _____

NAME _____

ADDRESS _____

_____

_____

PHONE _____

Please indicate if change of address ☐

Your Information

1. Who is your advisor? _____
2. Are you enrolled in the CEE Graduate Program? Yes No
3. Are the courses on your approved "Plan of Study"? Yes No
4. Is this your last course i.e. are you graduating? Yes No

If you answered not to questions 2 or 3, contact your advisor or the Department Chairman.
If this is your last course, be sure to complete the "Graduation Application" located on the Civil – Graduate – Forms website.

Work Information

Firm Name _____
Firm Address _____
Firm City, State & Zip _____
Work Phone _____ Work Fax _____
Work Email _____

Print and return completed form to:
Dept. of Civil and Environmental Engineering
Villanova University, Villanova, PA 19085
Telephone: 610-519-4960 Fax: 610-519-6754