



College of
ENGINEERING
VILLANOVA
UNIVERSITY

Plan of Study

Date: _____

Last Name: _____ First Name: _____ MI: _____

Banner ID: _____ Major Department: _____

Date of Admission: _____ Advisor: _____

Required Examinations

Anticipated or Completed Date

Math Qualifying Examination

Systems Qualifying Examination

Discipline Specific Examination

Comprehensive Examination
(Proposal Dissertation)

Dissertation Defense

Student Signature

Date

Plan of Study

Last Name: _____ **First Name:** _____ **MI:** _____

Date: _____

Prior Graduate degree(s): (institution name, degree, and date)

Institution _____ **Date** _____

Major Department _____

Thesis Title _____

Coursework: Please see Ph.D. Handbook for details concerning required number of credits to graduate.

Course Number	Course Title	Credits	Semester*

* If a course listed was taken prior to formal acceptance into Ph.D. program, permission is required to include it in your Ph.D. Plan of Study (see COE PHD- 06.1 *Prior Course Approval Form*).

List any other requirements as stipulated by Advising Committee:

Check all that apply:

- _____ This is the first submission of Plan of Study.
- _____ This is an update to Plan of Study.
- _____ I have received official permission to change my Plan of Study.
(See *Permission to Change Plan of Study* – COE-PHD-06.2)

Approvals:

Graduate Advisor

Date

College Ph.D. Committee

Date