



Prior Course Approval

Date: _____

Last Name: _____ First Name: _____ MI: _____

Student ID: _____ Department: _____

Date of Admission: _____ Advisor: _____

I request to have the following course(s) transferred to my PhD Plan of Study:

Institution	Course Number	Course Title	Semester	Grade

Notes

(1) If course(s) not taken at Villanova, you must attach a transcript and an official course description from the course catalog.

(2) If course(s) are approved, student must re-submit *COE-PHD-06.1, Plan of Study* with above courses included.

Student Signature

Date

Approvals:

Ph.D. Advisor

Date

Associate Dean for Graduate Studies and Research

Date

COE-PHD-06.1, Prior Course Approval
Updated 8/21/15