VILLANOVA UNIVERSITY
College of Engineering

Five Year Undergraduate/Graduate Program Course Adjustment

Date: _____

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

Student ID: _____ **Department**: _____

Courses to be adjusted:

	Term	Subject/Course Number
*		
*		
*		

CBE and CEE departments: Undergraduate CAPP required to be submitted with form.
*Prior approval required: Please submit undergraduate CAPP along with documentation.

Approvals:

_____ _____
Department Chair **Date**

_____ _____
Department Graduate Chair **Date**

_____ _____
Associate Dean, Graduate Studies **Date**

Updated 8/25/2020