VCU School of Engineering

Plan of Study for the Doctoral Degree

Submit to the Engineering Dean's Office by the end of the second semester

Student name: _____

VCU ID number:_____ Anticipated graduation date:_____

Academic program: _____ ☐ Thesis ☐ Non Thesis

Major:_____ Emphasis area:_____
(If applicable)

I understand the approval of this plan of study is conditional and is based on the assumption that I will complete my degree within the time frame required by the Graduate School. In addition, I understand no course on the plan of study should be older than eight years at the time the plan of study is submitted, unless approval has been granted by my academic program and the Graduate School.

Student Signature:_____ Date:_____

Schools attended & degrees received: _____

LIST ONLY COURSES REQUIRED FOR THE DEGREE.

When requesting transfer credits, indicate where these courses were taken, the correct titles and course numbers, and provide the Graduate School with official transcripts.

Course #	Title	Hrs	Term	Grade

Total Hours _____ 600 Level Hours _____ (50% min.) Research Hours _____

The plan of study is approved as stated. Subsequent changes must be reported on a new Plan of Study form.

Student signature Date

Faculty Adviser signature Date

Graduate Program Director signature Date

Associate Dean of Graduate Studies Signature Date

List Additional Courses Below

Course #	Title			Grade