



VILLANOVA
UNIVERSITY
College of Engineering

Plan of Study

Date: _____ Student ID: _____

Name in Full: _____

Home Information:

Address: _____

Phone: _____

Business Information:

Address: _____

Phone: _____

Preferred Email _____

Colleges and Universities Attended

Name	Periods Attended	Degrees Earned

Consult the College of Engineering Graduate Program web site for specific degree requirements.

Student Signature _____ Date _____

Student Advisor Signature _____ Date _____

Department Head Signature _____ Date _____

Name in Full: _____

Expected date to complete degree requirements: _____

Degree

- Master of Civil Engineering
- Master of Science in Water Resources and Environmental Engineering
- Certificate in Dam Engineering
- Certificate in Urban Water Resources Design

Dept.	Course Number	Course Title	Credits	Date Completed	Grade	School (if transfer)