



## Plan of Study for the Master of Science 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 six 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.

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Student signature \_\_\_\_\_ Date \_\_\_\_\_ Faculty Adviser signature \_\_\_\_\_ Date \_\_\_\_\_

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Graduate Program Director signature \_\_\_\_\_ Date \_\_\_\_\_ Associate Dean of Graduate Studies Signature \_\_\_\_\_ Date \_\_\_\_\_

List Additional Courses Below

Course #	Title			Grade