Office of the Dean/Graduate Studies School of Engineering and Applied Science University of Virginia

Date:			
Date:			

## **DOCTORAL DEGREE PLAN OF STUDY - FORM G102**

Name:						
	(last)	(first)		(middle)		
Research Area	:	Anticipated Date of Graduation:				
List All Gradu	ate Work:					
<u>Course</u> <u>Number</u>	Course Title	<u>University</u>	Credit Hours	<u>Date</u>	<u>Grade</u>	Equiv. UVA Course
				<del></del>		
				<del></del>		
					- <u></u>	

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Title of Masters thesis (if applicable)		
Student's Signature	Date	
Advisory Committee Signatures		
Chairperson	Department or Curriculum	
Minor Representative	Minor Department or Curriculum	
Committee Member	Department or Curriculum	
Committee Member	Department or Curriculum	
Committee Member	Department or Curriculum	
Approved by Department or Curriculum Chairperson		
Approved by the Office of the Dean, Assistant Dean		
Date		

<sup>\*\*</sup> Please attach Transfer of Credit Form (G112) for courses to be transferred.