

DEPARTMENT OF CIVIL AND ENVIRONMENTAL ENGINEERING  
FLORIDA INTERNATIONAL UNIVERSITY

**SPECIALIZATION AREA**

- |  |  |
|--|--|
| <input type="checkbox"/> Structures/Construction/Geotechnical Engineering<br><input type="checkbox"/> Transportation Engineering | <input type="checkbox"/> Water Resources Engineering<br><input type="checkbox"/> Environmental Engineering |
|--|--|

**PH.D. PROGRAM OF STUDY**

Student Name _____	PID _____	Signature _____	Date _____
Entrance Date _____	Expected Graduation Date _____		_____
Email _____	Phone _____		_____
BS Degree _____	BS Institution _____	BS Degree Date _____	
MS Degree _____	MS Institution _____	MS Degree Date _____	

**DISSERTATION COMMITTEE MEMBERS: (Name, Signature, and Date)**

Academic Advisor/Major Professor \_\_\_\_\_

Co-Major Professor (If any) \_\_\_\_\_

Faculty Member \_\_\_\_\_

Faculty Member \_\_\_\_\_

Faculty Member \_\_\_\_\_

Faculty Member \_\_\_\_\_

**MINIMUM PLANNED COURSES (minimum 24 credit hours)**

Course No.	Course Title	Credits	Term	Grade	Alternative
1	_____				
2	_____				
3	_____				
4	_____				
5	_____				
6	_____				
7	_____				
8	_____				
9	_____				
10	_____				
11	_____				
12	_____				
13	_____				
14	_____				
15	_____				

- Notes: 1. Please select additional courses as alternative courses in case the desired courses are not offered during the program. Please place a check mark in the last column to indicate an alternative course.  
 2. Please consult the graduate catalog for a list of required courses in the student chosen specialty area.  
 3. Please see the reverse side for transfer and deficiency courses.

I have read, understood, and agree with the above and the reverse side of this form, and have received a copy of this program. I have read the Civil and Environmental Engineering Department graduate catalog and the University Graduate School Policies and Procedures regarding graduate studies. By signing this form, I will take the responsibility of following all the university and departmental policies, procedures, and regulations.

OFFICIAL USE ONLY				
GPA		Admission Conditions	Graduate Program Director	
TOEFL			Signature/Date	
GRE			Chair Signature and Date	

**COURSES TO BE TRANSFERRED**

Course No.	Course Title	Credits	Term	Grade	Institution
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

- Notes: 1. A maximum of 6 credits of relevant courses will be allowed to be transferred from another institution.  
 2. A maximum of 6 credits of relevant courses will be allowed to be transferred from another department of FIU.  
 3. A maximum of 12 credits of relevant courses will be allowed to be transferred from within the department.  
 4. Any exceptions to the above will require approvals from the GPD and the Chair. A University Graduate School Petition for Exception form must also be filled out.

**ENTRANCE DEFICIENCIES**

Course No.	Course Title	Credits	Term	Grade
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				

- Notes: 1. If any courses are identified as deficiencies and they are prerequisites of a graduate course, this graduate course cannot be taken until the deficiency courses have been taken with a minimum grade of C.

<b>OFFICIAL USER ONLY</b>			
Graduate Program Director Signature/Date		Chair Signature and Date	
GPAC Member Signature/Date		GPAC Member Signature/Date	
GPAC Member Signature/Date		GPAC Member Signature/Date	

