



Doctor of Philosophy (Ph.D.) PROGRAM OF STUDY

SPECIALIZATION AREA

- Structures/Construction/Geotechnical Engineering Water Resources Engineering
 Transportation Engineering Environmental Engineering

Student Name _____ **Phone** _____ **PID** _____

Email _____ **Entrance Date** _____ **Expected Graduation Date** _____

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 _____

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 Department of Civil and Environmental Engineering 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.

Student Signature _____ **Date** _____

OFFICIAL USE ONLY					
GPA			Graduate Program Director Signature/Date		
Deficiencies	Yes	No			
Transfer Credits	Yes	No	Chair's Signature/Date		
(If there are deficiencies or transfer credits, complete page 2.)					



PID: _____

ENTRANCE DEFICIENCIES

Course No.	Course Title	Credits	Term	Grade
1	_____			
2	_____			
3	_____			
4	_____			
5	_____			
6	_____			
7	_____			
8	_____			

Notes: 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.
Deficient course(s) will need to be taken immediately.

COURSES TO BE TRANSFERRED FROM MS DEGREE

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

Notes: A maximum of 30 credit hours of relevant courses with a B or higher from an accredited institution will considered.

COURSES TO BE TRANSFERRED

Course No.	Course Title	Credits	Term	Grade	Institution
1	_____				
2	_____				
3	_____				
4	_____				

- Notes: 1. A maximum of 6 credits of relevant courses will be allowed to be transferred from another accredited 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 Graduate Advisory Committee and the Chair. A University Graduate School Petition for Exception form must also be filled out.

OFFICIAL USE ONLY			
Graduate Program Director Signature/Date		Chair Signature and Date	