

THE UNIVERSITY OF AKRON
DEPARTMENT OF CIVIL ENGINEERING
Master of Science Plan of Study Course List

Date: _____
 (mm/dd/yy)

To: _____
 Chair, Graduate Policy Committee, Department of Civil Engineering

From: _____
 Chair, Master of Science Advisory Committee

The Plan of Study Course List for _____, whose area of interest is _____, is given in that which follows.

| Course Number | Course Title | Sem/Cr. | Transfer-Grade |
|---------------------------|--------------|---------|----------------|
| 1. _____ - _____ - _____ | _____ | _____ | _____ |
| 2. _____ - _____ - _____ | _____ | _____ | _____ |
| 3. _____ - _____ - _____ | _____ | _____ | _____ |
| 4. _____ - _____ - _____ | _____ | _____ | _____ |
| 5. _____ - _____ - _____ | _____ | _____ | _____ |
| 6. _____ - _____ - _____ | _____ | _____ | _____ |
| 7. _____ - _____ - _____ | _____ | _____ | _____ |
| 8. _____ - _____ - _____ | _____ | _____ | _____ |
| 9. _____ - _____ - _____ | _____ | _____ | _____ |
| 10. _____ - _____ - _____ | _____ | _____ | _____ |
| 11. _____ - _____ - _____ | _____ | _____ | _____ |

Approved,

Master of Science Advisory Committee Members

Chair _____

Member _____

Member _____

Member _____

 Chair, Graduate Policy Committee, Department of Civil Engineering

cc. Advisory Committee Members
 Student/Student File

Original

Revised