

**BOBBY B. LYLE SCHOOL OF ENGINEERING
SOUTHERN METHODIST UNIVERSITY
DOCTORAL DEGREE PLAN**

(Official only when all indicated signatures are present)

NAME _____ ID No. _____

Local Address _____ Home Phone _____

Business Phone _____

GPA U.G. _____ Grad. _____

Major Department _____

Degree Sought _____ Area of Interest _____

Advisor _____

Articulation Courses:

1. _____ 3. _____

2. _____ 4. _____

Major Courses	Sem/Yr.	Grade	Minor Courses	Sem/Yr.	Grade
1.	_____	_____	1.	_____	_____
2.	_____	_____	2.	_____	_____
3.	_____	_____	3.	_____	_____
4.	_____	_____	4.	_____	_____
5.	_____	_____	5.	_____	_____
6.	_____	_____	6.	_____	_____
7.	_____	_____	7.	_____	_____
8.	_____	_____	8.	_____	_____
9.	_____	_____			
10.	_____	_____			
11.	_____	_____			
12.	_____	_____			

Hours Required _____ Languages _____ Hours Required _____

Supervisory Committee (Please type names and have members sign over typed names)

Chair _____

This form must bear signatures of Committee Chair, all Committee members, Department Chair and the Associate Dean for Academic Affairs

Department Chair _____ Date _____

Dissertation Director _____ Director Grad. Division _____ Date _____

*Please list any or all additional graduate work including Master's degree on back side of this page. 6-2012

