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|-------------------|-------|-----------------|-------|
| SMU ID #:         | _____ | Name:           | _____ |
| Home Address:     | _____ | Home Phone:     | _____ |
| Business Address: | _____ | Business Phone: | _____ |
| E-mail Address:   | _____ | Fax Phone:      | _____ |

APPROVED: \_\_\_\_\_

\_\_\_\_\_  
Advisor / Date Department Head / Date

\_\_\_\_\_  
Director of Graduate Division/Date

**NOTE: Students should consult with their advisor each semester before enrolling, to ensure course credit.**