

**Fast Track Second Master's
Information Request Form**

GRADUATE DIVISION – BOBBY B. LYLE SCHOOL OF ENGINEERING

Name	_____	Home Address	_____
Home Phone	_____	Graduation Date	_____
Business Phone	_____	E-mail Address	_____
FAX Number	_____	Previous M.S. degree earned at Lyle	_____
SMU ID #	_____	Second M.S. Degree Desired	_____
		Previous academic adviser	_____

*Please list the 10 courses that composed the degree plan for your previous M.S. Degree.
(This section must be completed by the student.)*

Course Number	Course Name
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This section for department use only.
Please check courses applicable to
newly requested degree plan.

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Student Signature	_____	Date	_____
Academic Adviser or Department Chair	_____	Date	_____

Complete forms should be faxed to the attention of Jim Dees at (214) 768-3778.

Note: By University policy, credit hours more than seven years old may not be applied toward a second M.S. degree.