SMU SCHOOL OF ENGINEERING		CHANGE OF PRO	RM		
From		То		_	
Personal Information					
Name		(F. 1)	4618		
Home Address	(Last)	(First)	(Middle)		
nome Address	Number & Street		City	State	Zip
Daytime Contact Number	()		Evening Contact Number (Optional)	()	
Preferred E-Mail					
(Optional)					
Statement to Committee Please write a brief statement concerning your goals and reasons for changing executive programs at SMU School of Engineering.	φ .				
Program Director Comments:					
Approved	Denied	Signatu	re		
		Date			
Advisor					