

**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. 5-98

