

Transfer of Graduate Courses for Masters Degrees

(for PhD degrees use PhD degree plan)

**BOBBY B. LYLE SCHOOL OF ENGINEERING
SOUTHERN METHODIST UNIVERSITY**

To: **Graduate Division, Southern Methodist University**

Date: _____

Name of Student: _____
Last First Mailing Address - Street

SMU ID Number: _____
City, State Zip

Major Department: _____ Academic Advisor: _____

Credit recommended for transfer to SMU degree of: _____

(Attach official copy of transcript where course(s) taken as well as a catalog description)

Name of Institution: _____ Name of equivalent degree offered: _____

Course Number	Course Title	Credit	Grade	Semester Taken
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Petitioning to transfer to the School of Engineering as: (indicate equivalent SMU course name and number)

PLEASE ENCLOSE CATALOG DESCRIPTION OF COURSE(S)

Official classification of student when course(s) were taken (graduate), (undergraduate) _____

Approved by: _____ Recommended by: _____

Director of Graduate Division Faculty Advisor Department Chair

Special Notes:

