



SMU

BOBBY B. LYLE
SCHOOL OF ENGINEERING

Petition to substitute/transfer a course

Name of student:

ID number:

Desired course:

Transferred/Substituted course:

Justification:

Student Signature: _____ Date _____

Approvals

Advisor: _____ Date _____

Department Chair: _____ Date _____

Associate Dean: _____ Date _____