SCHOOL OF ENGINEERING
SOUTHERN METHODIST UNIVERSITY
DOCTOR OF ENGINEERING (SOFTWARE ENGINEERING)
(Official only when all indicated signatures are present)

NAME _____ SMU ID Number _____

Local Address _____ Home Phone _____

_____ Business Phone _____

GPA U.G._____Grad._____

Major Department _____

Degree Sought _____ Area of Interest _____

Advisor _____

Articulation Courses:

1. _____ 3. _____

2. _____ 4. _____

Software Engineering Courses	Sem/Yr.	Grade		Engineering Management Courses	Sem/Yr.	Grade
1. CSE 7316 Software Requirements				1. EMIS 7370 Probability and Statistics for Scientists and Engineering		
2. CSE 7319 Software Architecture and Design				2. EMIS 7377 Design and Analysis of Experiments		
3. CSE 7314 Software Testing and Quality Assurance				3.		
4. CSE 7315 Software Project Planning and Management				4.		
5.				Hours Required 12		
6.				**Technical Specialty Courses**		
7.				1.		
8.				2.		
				3.		
				4.		
				5.		
Hours Required 24				Hours Required 15		

Supervisory Committee

_____
Chair

_____

_____

_____   Department Chair _____ Date _____

_____

Praxis Director _____ Director Grad. Division _____ Date _____

*Please list any or all additional graduate work including Master's degree on back side of this page.   7-07

ADDITIONAL GRADUATE WORK COMPLETED

Category*	Course No.	Course Title	School	Date	Grade	Equiv. SMU Course