Transfer of Graduate Courses for Graduate Degrees

(courses must also appear on degree plan)

BOBBY B. LYLE SCHOOL OF ENGINEERING SOUTHERN METHODIST UNIVERSITY

To: Graduate Divis	ethodist Univers	sity Da	Date:		
Name of Student:					
Name of Student.	Last	First	Ma	iling Address - Stre	eet
SMU ID Number:					
		City, State Zip			
Major Department:			Academic Advisor:		
Credit recommended	I for transfer to SI	MU degree of:			
(Attach official c	opy of transcript	where course(s) t	taken as well as a c	atalog description)	
Name of Institution:			Name of equivalent	degree offered:	
Course Number	Cours Title	se	Credit	Grade	Semester Taken
Petitioning to transfer	r to the School of	Engineering as:	(indicate equivalent	t SMU course nam	e and number)
					-
	DIEASEE	NCI OSE CATAL	LOG DESCRIPTION	N OF COURSE(S)	
Official algorithms for					
Official classification	of student when o			dergraduate)	
Approved by:		Recommen	nded by:		
Director of Graduate	Division	Faculty Adv	visor	Department Ch	nair
Special Notes:					

Please email this form, course descriptions and transcripts directly to your faculty advisor for review.