

THE GRADUATE DIVISION BOBBY B. LYLE SCHOOL OF ENGINEERING Southern Methodist University

DEGREE PLAN - DOCTOR OF ENGINEERING

Name _____ ID # _____

Local Address _____ Home Phone _____

Business Address _____ Business Phone _____

Colleges or University Attended:	Degree	Date

GPA U.G. _____

GPA Grad. _____

<u>Major Courses</u>	<u>Sem/Yr.</u>	<u>Grade</u>	<u>Technical Specialty Courses</u>	<u>Sem/Yr.</u>	<u>Grade</u>
1. _____			1. _____		
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8. _____					

Supervisory Committee	Approved
_____	_____
Chair	Director, Graduate Division
Date	Date
_____	_____
_____	Department Chair
_____	Date

*Please list any or all additional graduate work including Master's Degree on back side of this page. This form must bear signatures of Committee Chair, all Committee members, Department Chair and the Associate Dean.

ADDITIONAL GRADUATE WORK COMPLETED

<u>Course No.</u>	<u>Course Title</u>	<u>School</u>	<u>Date</u>	<u>Grade</u>	<u>Equiv. SMU Course</u>
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