

Transfer of Graduate Courses for Graduate Degrees

(courses must also appear on degree plan)

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

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

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:

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

Date: