

PETITION FOR TRANSFER DEGREE CREDIT

MASTER OF LIBERAL STUDIES DEGREE
SOUTHERN METHODIST UNIVERSITY

A transcript and a course description from the catalog of the University or College attended must accompany this form.

Date

Full Name

SMU ID Number

Course	Hours	Date	College/University
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature

Address

City, State, Zip

Phone

Email

Approved

Not Approved