

SOUTHERN METHODIST UNIVERSITY

Office of Research and Graduate Studies Doctoral Degree Plan

(Please type or print)

Name _____ S.S. No. _____

Department _____

Major _____

Colleges or Universities Attended	Degree	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Courses

Subject	Course#	Sem/Yr	Grade	Subject	Course#	Sem/Yr	Grade
Ex. MATH	Ex. 5000			Ex. MATH	Ex. 5000		
1.	_____			13.	_____		
2.	_____			14.	_____		
3.	_____			15.	_____		
4.	_____			16.	_____		
5.	_____			17.	_____		
6.	_____			18.	_____		
7.	_____			19.	_____		
8.	_____			20.	_____		
9.	_____						
10.	_____			Hours Required	_____		
11.	_____			Language(s)	_____		
				(if any)			

Date _____ Approved by _____

Adviser/Director of Graduate Studies