SMU | BOBBY B. LYLE SCHOOL OF ENGINEERING

Petition to substitute/transfer a course

Name of student: _____

SMU ID number: _____

I request that _____ taken at _____
      (Course Designation)   (Institution Name)

fulfill the degree requirement _____.
                                    (SMU course: subject and number)

Justification:

_____

_____

_____

_____

_____

Student Signature: _____ Date: _____

Approvals

Advisor: _____ Date: _____

Department Chair: _____ Date: _____

Assistant Dean: _____ Date: _____