MASTER OF SCIENCE IN MECHANICAL ENGINEERING

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SMU ID #: _____ Name: _____

Home Address: _____ Home Phone: _____

Business Address: _____ Business Phone: _____

Major Department: _____ Area of Interest: _____

608 HPDLO: _____ Major: _____

ARTICULATION COURSE(S)	Course Title	Instructor	Hrs.	Semester	Grade
_____	_____	_____	___	_____	_____
_____	_____	_____	___	_____	_____
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ELECTIVES

_____	_____	_____	___	_____	_____
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TOTAL HOURS (Minimum 30) ___

APPROVED _____

Advisor / Date Department Head / Date

Director of Graduate Division / Date

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