

**SECURITY ENGINEERING MASTER'S DEGREE PLAN  
GRADUATE DIVISION - SMU SCHOOL OF ENGINEERING**

SMU ID Number	_____	Name	_____
Home Address	_____	Home Phone	_____
Business Address	_____	Business Phone	_____
E-mail Address	_____		
Thesis Title:	_____		

ARTICULATION COURSE(S)	Course Title	Instructor	Hours	Term	Grade
1.					
2.					
3.					
4.					

**CORE COURSES (12 hours)**

1.	CSE 7339	Computer System Security			
2.	CSE 7343	Operating Systems and System Software			
3.	CSE 7349	Data and Network Security			
4.	CSE 7359	Software Security			

**ADVANCED ELECTIVES (9 hours)**

1.					
2.					
3.					

**ELECTIVES (9 hours)**

**Three courses from Graduate-Level course offerings in the School of Engineering**

1.					
2.					
3.					

**TOTAL REQUIRED HOURS**

\_\_\_\_\_

APPROVED: _____	_____	_____	_____
Advisor	Date	CSE Department Chair	Date
_____		_____	
Director of Graduate Division	Date		

NOTE: ANY REVISIONS MUST BE APPROVED BY ADVISOR, CSE DEPT. CHAIR AND DIRECTOR OF GRADUATE DIVISION.