SOUTHERN METHODIST UNIVERSITY Student Change of Degree Program Request

Name:	ne: SMU ID:						
Mailing Address:							
Phone:	SMU Email:						
Current Major(s)/ Minor(s):							
I AM REQUESTING THE FOLLOWING CHANGE TO MY RECORDS: (Please check each applicable box)							
□ DUAL/TRANS SCHOOL Please complete SECTION A form	□ MAJOR DECLARATION/ CHANGE Please complete SECTION B □ MINOR DECLARATION/ CHANGE Please complete SECTION C on back of						
$\hfill\square$ ALL STUDENT ATHLETES OR INTERNATIONAL STUDENTS MUST COMPLETE SECTION D OF THIS FORM							
SECTION A: DUAL/TRANS SCHOOL							
Understanding that I must complete all remaining requirements for my primary school/major/degree, I request approval to add the following program in another school of the University.							
PRIMARY SCHOOL: DEGREE/ MAJOR/ SPECIALIZATION:							
SECONDARY SCHOOL: DEGREE/ MAJOR/ SPECIALIZATION:							
I understand that I must complete all additional General Education/School/Major/Degree requirements for this new program.							
ANTICIPATED GRADUATION DATE:							
Student Signature ENDORSEMENTS:							
ENDORSEMENTS.	Approved	Not Approved	Date				
Second School Dean's Representative:							
SECTION B: MAJOR DECLARATION/ CHANGE I wish to ADD the following major(s):							
MAJOR:S	PECIALIZATION:	DEGREE:C	ATALOG YEAR:				
MAJOR:SPECIALIZATION:DEGREE:CATALOG YEAR: I wish to DELETE the following major(s):							
MAJOR: S	PECIALIZATION:	DEGREE:C	ATALOG YEAR:				
MAJOR: S							
Anticipated Graduation Date:							
Student Signature Anticipated Graduation Date: Student Signature							
ENDORSEMENTS:							
A.1. in a 2 Cin mate 1 C 1 1 1 1 1	Approved	Not Approved	Date				
Advisor's Signature if applicable:							
Departmental Approval if applicable:							

Name:	SMU I	D:				
SECTION C: MINOR DECLARATION/ OI wish to ADD the following minor(s) within		rd:	NOTE:			
MINOR:			If adding	a minor, this fo	rm should	
MINOR:			be comple	ted and endors	ed by the	
I wish to ADD the following minor(s) outside my current school of record: MINOR: TOTAL HOURS REQUIRED:			minor adviser at the time of declaration of the minor. It should be returned to the student's school of record, so that proper coding can be accomplished.			
COURSES REQUIRED/COM	IPLETED FOR MINOR		TERM	UNITS	GRADE	
I wish to DELETE the following minor (s) MINOR: MINOR: Student Signature						
ENDORSEMENTS:					-	
A duisan fan Minan if annliaghla.	Approved	Not	t Approved		Date	
Advisor for Minor if applicable:						
Departmental Approval if applicable:						
SECTION D STUDENT ATHLETES I have spoken with the Athletic Compliance Office and I am aware of the potential consequences of changing my major(s). Student Signature						
INTERNATIONAL STUDENTS I have spoken with my International Student Advisor and I am aware of the potential consequences of changing my major(s).						
Student Signature						