SOUTHERN METHODIST UNIVERSITY
Student Major or Minor Declaration/Change Form

Name: ____________________________ SMU ID: ____________________________

Are you a student athlete?  □ Yes  □ No  ~ If yes you must complete SECTION D on the back side of this form.

Are you an international student?  □ Yes  □ No  ~ If yes you must complete SECTION D on the back side of this form.

Phone: ____________________________  SMU Email: ____________________________

Current Major(s)/ Minor(s): __________________________________________________

I REQUEST THE FOLLOWING CHANGE TO MY RECORDS:
(Please check each applicable box)

□ DUAL/TRANS SCHOOL  □ MAJOR DECLARATION/ CHANGE  □ MINOR DECLARATION/ CHANGE
Please complete SECTION A Please complete SECTION B Please complete SECTION C on back of 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: Approved Not Approved Date
Second School Dean’s Representative: ____________________________

SECTION B: MAJOR DECLARATION/ CHANGE
I wish to ADD the following major(s):

MAJOR:__________________________ SPECIALIZATION:______________ DEGREE: ______ CATALOG YEAR:_______
(IF APPLICABLE)

MAJOR:__________________________ SPECIALIZATION:______________ DEGREE: ______ CATALOG YEAR:_______
(IF APPLICABLE)

I wish to DELETE the following major(s):

MAJOR:__________________________ SPECIALIZATION:______________ DEGREE: ______ CATALOG YEAR:_______
(IF APPLICABLE)

MAJOR:__________________________ SPECIALIZATION:______________ DEGREE: ______ CATALOG YEAR:_______
(IF APPLICABLE)

_________________________________________________ Anticipated Graduation Date:____________________

Student Signature

ENDORSEMENTS: Approved Not Approved Date
Advisor’s Signature if applicable: ____________________________

Departmental Approval if applicable: ____________________________
SECTION C: MINOR DECLARATION/ CHANGE
I wish to ADD the following minor(s) within my current school of record:
MINOR: ___________________________________________________________
MINOR: ___________________________________________________________
I wish to ADD the following minor(s) outside my current school of record:
MINOR: ___________________________________________________________
MINOR: ___________________________________________________________
I wish to DELETE the following minor(s) within my current school of record:
MINOR: ___________________________________________________________
MINOR: ___________________________________________________________
TOTAL HOURS REQUIRED: __________________________________________

<table>
<thead>
<tr>
<th>COURSES REQUIRED/COMPLETED FOR MINOR</th>
<th>TERM</th>
<th>UNITS</th>
<th>GRADE</th>
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ENDORSEMENTS: | Approved | Not Approved | Date
Advisor for Minor if applicable:

SECTION D
STUDENT ATHLETES
I have spoken with the Director of Eligibility 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

NOTE:
If adding a minor, this form should be completed and endorsed by the 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.