Page dimensions: 612.0x792.0

Name: ______________________________________________________
SMU ID: ______________________________________
Are you a student athlete? □ Yes □ No  If yes, you must complete SECTION C.
Are you an international student? □ Yes □ No  If yes, you must complete SECTION C.
SMU Email: _____________________________________________
Phone: ______________________________________
Current Major(s)/Minor(s): __________________________________________________________________________________________

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

DUAL SCHOOL Declaration
□ ADD OR CHANGE MAJOR
Complete SECTION A
Complete SECTION B

ANTICIPATED GRADUATION DATE: ____________________________

SECTION A: DUAL 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: ____________________________

SECTION B: ADD OR CHANGE MAJOR
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)

ENDORSEMENTS (Section A or B)
<table>
<thead>
<tr>
<th>Approved</th>
<th>Not Approved</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisor’s Signature, if applicable:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Departmental Approval, if applicable:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION C
STUDENT ATHLETES
I have spoken with the Assoc. Athletic Director/Eligibility, and I am approved to change my major(s).

Student Signature ____________________________ Assoc. Athletic Director/Eligibility Signature ____________________________ Date ________

INTERNATIONAL STUDENTS
I have spoken with the ISSS Office, and I am approved to change my major(s).

Student Signature ____________________________ ISSS Office Signature ____________________________ Date ________

03-29-2021