

**INSTRUCTIONS:**

1. When changing degree programs, a student is *changing* degree program through the Registrar's Office by midterm of the first semester in current degree program. The student will meet with the Registrar to conduct a degree review.
2. Complete this form, obtain an unofficial copy of your SMU transcript and degree progress review sheet, and secure the signature of your faculty advisor or other faculty member on this form.
3. **You** will need to have all documents listed in (2) before arranging, having the review conversation with as well as obtaining the signature of each of the following: the Director of Student Services, Associate Dean of Academic Affairs, Registrar, and Director of Internship Program (if M.Div. or M.A.M. is involved either way in the change).
4. Upon completion of noted conversations and signatures, return the form and documents to the Registrar's Office for the final signature and to complete the process.
5. Please note: Changing degree programs may sometimes have an impact on financial aid, scholarships, tuition benefits, and other financial resources. Therefore, a conversation with the Director of Student Services is strongly suggested, and a signature of approval is required.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SMU Student ID #: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Current Degree Program:     M.Div.         M.T.S.         M.A.M. \_\_\_\_\_         M.S.M.

Requested Degree Program:     M.Div.         M.T.S.         M.A.M. \_\_\_\_\_         M.S.M.

**Statement:** Please provide a brief statement (or attach a separate document) concerning your discerned goals and rationale for changing Perkins degree program. (250 word max)

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Perkins Faculty Advisor/Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**The following signatures are required to complete this form:**

Registrar: _____	Date: _____
Financial Aid Coordinator: _____	Date: _____
Director of Internship: (if MDiv/MAM involved either way) _____	Date: _____
Associate Dean of Academic Affairs: _____	Date: _____
Registrar: _____	Date: _____

Approved       Denied