

# SOUTHERN METHODIST UNIVERSITY

## Add / Change Major Form

|                                   |                              |                             |                                             |
|-----------------------------------|------------------------------|-----------------------------|---------------------------------------------|
| Name: _____                       |                              | SMU ID: _____               |                                             |
| Are you a student athlete?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, you must complete SECTION C.</i> |
| Are you an international student? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>If yes, you must complete SECTION C.</i> |
| SMU Email: _____                  |                              | Phone: _____                |                                             |
| Current Major(s)/Minor(s): _____  |                              |                             |                                             |

|                                                                                         |                                                                           |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>I REQUEST THE FOLLOWING CHANGE TO MY RECORDS: (Please check the applicable box.)</b> |                                                                           |
| <input type="checkbox"/> DUAL SCHOOL Declaration<br><b>Complete SECTION A</b>           | <input type="checkbox"/> ADD OR CHANGE MAJOR<br><b>Complete SECTION B</b> |
| _____                                                                                   | ANTICIPATED GRADUATION DATE: _____                                        |
| Student Signature                                                                       |                                                                           |

|                                                                                                                                                                                               |                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>SECTION A: DUAL SCHOOL</b>                                                                                                                                                                 |                                      |
| <i>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.</i> |                                      |
| PRIMARY SCHOOL: _____                                                                                                                                                                         | DEGREE/ MAJOR/ SPECIALIZATION: _____ |
| SECONDARY SCHOOL: _____                                                                                                                                                                       | DEGREE/ MAJOR/ SPECIALIZATION: _____ |

|                                                 |                                                         |               |                     |
|-------------------------------------------------|---------------------------------------------------------|---------------|---------------------|
| <b>SECTION B: ADD OR CHANGE MAJOR</b>           |                                                         |               |                     |
| I wish to <b>ADD</b> the following major(s):    |                                                         |               |                     |
| MAJOR: _____                                    | SPECIALIZATION: _____<br><small>(IF APPLICABLE)</small> | DEGREE: _____ | CATALOG YEAR: _____ |
| MAJOR: _____                                    | SPECIALIZATION: _____<br><small>(IF APPLICABLE)</small> | DEGREE: _____ | CATALOG YEAR: _____ |
| I wish to <b>DELETE</b> the following major(s): |                                                         |               |                     |
| MAJOR: _____                                    | SPECIALIZATION: _____<br><small>(IF APPLICABLE)</small> | DEGREE: _____ | CATALOG YEAR: _____ |
| MAJOR: _____                                    | SPECIALIZATION: _____<br><small>(IF APPLICABLE)</small> | DEGREE: _____ | CATALOG YEAR: _____ |

| ENDORSEMENTS (Section A or B)         | Approved | Not Approved | Date |
|---------------------------------------|----------|--------------|------|
| Advisor's Signature, if applicable:   |          |              |      |
| Departmental Approval, if applicable: |          |              |      |

|                                                                                                              |                                                |       |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------|
| <b>SECTION C</b>                                                                                             |                                                |       |
| <b>STUDENT ATHLETES</b>                                                                                      |                                                |       |
| <i>I have spoken with the Assoc. Athletic Director/Eligibility, and I am approved to change my major(s).</i> |                                                |       |
| _____                                                                                                        | _____                                          | _____ |
| Student Signature                                                                                            | Assoc. Athletic Director/Eligibility Signature | Date  |
| <b>INTERNATIONAL STUDENTS</b>                                                                                |                                                |       |
| <i>I have spoken with the ISSS Office, and I am approved to change my major(s).</i>                          |                                                |       |
| _____                                                                                                        | _____                                          | _____ |
| Student Signature                                                                                            | ISSS Office Signature                          | Date  |