

SOUTHERN METHODIST UNIVERSITY

Student Change of Degree Program Request

Name: _____ **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 **MAJOR DECLARATION/ CHANGE** **MINOR DECLARATION/ CHANGE**
 Please complete **SECTION A** Please complete **SECTION B** Please complete **SECTION C** on back of form

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:

	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:			

Name: _____ SMU ID: _____

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: _____

TOTAL HOURS REQUIRED: _____

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.

COURSES REQUIRED/COMPLETED FOR MINOR	TERM	UNITS	GRADE

I wish to **DELETE** the following minor (s) within my current school of record:

MINOR: _____

MINOR: _____

Student Signature

ENDORSEMENTS:

	Approved	Not 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