SOUTHERN METHODIST UNIVERSITY Student Major or Minor Declaration/Change Form

Name:	SN	MU ID:					
Are you a student athlete? Yes	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:	5	MU Email:					
Current Major(s)/ Minor(s):							
I REQUEST THE FOLLOWING CH (Please check each applicable box)	ANGE TO MY RECORDS:						
□ DUAL/TRANS SCHOOL Please complete SECTION A	□ MAJOR DECLARATION/ O Please complete SECTION F		ATION/ CHANGE CCTION C on back of form				
SECTION A: DUAL/TRANS SCHOOL)L						
Understanding that I must complete all r following program in another school of	0 1	imary school/major/degree, I requ	uest approval to add the				
PRIMARY SCHOOL:	RIMARY SCHOOL: DEGREE/ MAJOR/ SPECIALIZATION:						
SECONDARY SCHOOL: DEGREE/ MAJOR/ SPECIALIZATION:							
I understand that I must complete all add	litional General Education/School	ol/Major/Degree requirements for	this new program.				
	ANTIC	IPATED GRADUATION DATE	:				
Student Signature							
ENDORSEMENTS:	Approved	Not Approved	Date				
Second School Dean's Representative:							
SECTION B: MAJOR DECLARATION I wish to ADD the following major(s):	ON/ CHANGE						
MAJOR:SF	PECIALIZATION:	DEGREE: CA	ΓALOG YEAR:				
(IF	APPLICABLE)						
MAJOR:SF	PECIALIZATION:	DEGREE:CA	ΓALOG YEAR:				
I wish to DELETE the following major	(s):						
MAJOR:SF	PECIALIZATION:	DEGREE:CA	ΓALOG YEAR:				
MAJOR: SF	,	DEGREE:CA^	ΓALOG YEAR:				
·	,	oted Creduction Detail					
Student Signature Anticipated Graduation Date:							
ENDORSEMENTS:	Approved	Not Approved	Date				
Advisor's Signature if applicable:							
Departmental Approval if applicable:							

Name:	S	MU ID:				
SECTION C: MINOR DECLARATION/ C I wish to ADD the following minor(s) within MINOR: MINOR: I wish to ADD the following minor(s) outside	n my current school of		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			
MINOR:			of record, so that proper coding can be accomplished.			
TOTAL HOURS REQUIRED:			be accom	pristied.		
COURSES REQUIRED/COMI	PLETED FOR MINOR		TERM	UNITS	GRADE	
I wish to DELETE the following minor (s) with MINOR: MINOR:						
Student Signature						
ENDORSEMENTS:	Approved	1	Not Approved		Date	
Advisor for Minor if applicable:						
SECTION D STUDENT ATHLETES I have spoken with the Director of Eligibility	and I am approved to ch	ange my major	(s).			
Student Signature		Director of E	ligibility Signat	ure Date		
INTERNATIONAL STUDENTS I have spoken with my International Student A	Advisor and I am approv	ed to change m	y major(s).			
Student Signature		ISSS Office	Signature	Date		