

Change of Degree or Program

Student Informa	tion	:									
Last Name:									First Name:		
Student ID:	Α								Telephone:		
Email Address:											
Faculty Informat	ion:										
Degree or Program to be Dropped:											
Degree or Program to be Added:											
Please Note:											
 If looking to complete a dual degree, please enter "N/A" for "Degree or Program to be Dropped". Permission is <u>not</u> required to drop a degree or program. Email completed form to <u>records@smu.ca</u>. Use the Major/Minor Declaration form to declare your Major/Minor. 											
Student's Signature:										Date:	
Academic Advis	ing	Offic	:e:								
Permission to add a degree or program must be approved by the appropriate Academic Advising Office:											
Faculty of Arts: Baadvising@smu.ca											
Faculty of Science: advisor.science@smu.ca											
Sobey School of Business: bcomm.advising@smu.ca											
Approval Grante	ed:				Yes	[No			
Representative I	Nam	ie:									
Representative \$	Sign	ature	e:							Date:	
Comments:											
Doggado Office											
Records Office: Processed By:										Date:	