

## Change of Degree or Program

### Student Information:

|                       |   |  |  |  |  |  |  |  |                    |  |  |
|-----------------------|---|--|--|--|--|--|--|--|--------------------|--|--|
| <b>Last Name:</b>     |   |  |  |  |  |  |  |  | <b>First Name:</b> |  |  |
| <b>Student ID:</b>    | A |  |  |  |  |  |  |  | <b>Telephone:</b>  |  |  |
| <b>Email Address:</b> |   |  |  |  |  |  |  |  |                    |  |  |

### Faculty Information:

|                                         |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| <b>Degree or Program to be Dropped:</b> |  |  |  |  |  |  |  |  |  |  |  |
| <b>Degree or Program to be Added:</b>   |  |  |  |  |  |  |  |  |  |  |  |

### Please Note:

- If looking to complete a dual degree, please enter "N/A" for "Degree or Program to be Dropped".
- Permission is not required to drop a degree or program. Email completed form to: [academic.operations@smu.ca](mailto:academic.operations@smu.ca)
- Use the Major/Minor Declaration form to declare your Major/Minor.

|                             |  |  |  |  |  |  |              |  |  |
|-----------------------------|--|--|--|--|--|--|--------------|--|--|
| <b>Student's Signature:</b> |  |  |  |  |  |  | <b>Date:</b> |  |  |
|-----------------------------|--|--|--|--|--|--|--------------|--|--|

### Academic Advising Office:

Permission to add a degree or program must be approved by the appropriate Academic Advising Office:

- **Faculty of Arts:** [Baadvising@smu.ca](mailto:Baadvising@smu.ca)
- **Faculty of Science:** [advisor.science@smu.ca](mailto:advisor.science@smu.ca)
- **Sobey School of Business:** [bcomm.advising@smu.ca](mailto:bcomm.advising@smu.ca)

|                                  |                                                          |  |  |  |  |  |  |  |              |  |  |
|----------------------------------|----------------------------------------------------------|--|--|--|--|--|--|--|--------------|--|--|
| <b>Approval Granted:</b>         | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |  |  |  |  |              |  |  |
| <b>Representative Name:</b>      |                                                          |  |  |  |  |  |  |  |              |  |  |
| <b>Representative Signature:</b> |                                                          |  |  |  |  |  |  |  | <b>Date:</b> |  |  |
| <b>Comments:</b>                 |                                                          |  |  |  |  |  |  |  |              |  |  |

### Academic Operations Office:

|                      |  |  |  |  |  |  |              |  |  |
|----------------------|--|--|--|--|--|--|--------------|--|--|
| <b>Processed By:</b> |  |  |  |  |  |  | <b>Date:</b> |  |  |
|----------------------|--|--|--|--|--|--|--------------|--|--|