

## **Major/Minor/Concentration Declaration**

Student Information:																				
Last Name:									First Name:											
Student ID:	Α									Em	ail:									
Please note:																				
Submit to your Faculty Advising Office for approval.  Approval is not required to drop an already declared major/minor/concentration.  Approved forms will be sent to records@smu.ca for processing.																				
Bachelor of Arts (12	achelor of Arts (120 credit hours):																			
Major:									Representative Signature:											
Second Major: (Optional)										Representative Signature:										
Minor: (Optional)									Representative Signature:											
Second Minor: (Optional)										Representative Signature:										
	Concentration (90 credit hours):  Concentration, the "Change of Degree or Program"									"form must accompany your request Representative Signature: Representative Signature:										
Bachelor of Commerce (120 credit hours):																				
Major:										Representative Signature:										
Second Major:									Representative Signature:											
Minor: (Optional)									Representative Signature:											
Bachelor of Science	(120	) cred	dit he	ours)	:															
Major:	- (120 broak froats).									Representative Signature:										
Second Major:									Representative Signature:											
Minor: (Optional)									Representative Signature:											
Bachelor of Science – General with a Concentration (90 credit hours):																				
Concentration:																				
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Drop A Major/Minor/ Subject:	Con	cenu	atio	n:						α	Major		œ Mi	inor	œ	Hono	ııre	œ	Concer	ntration
Jubjeot.										œ	major		ا¥ا ت		<u> </u>	110110	ui 3	<u> </u>	Jonicei	u.iOii
Student Signature:	nature:											Date	:							
Records Office:																				
Processed By:													Date	:						