

Program Application and Change Form

This form is used to change between the St. Louis and Madrid campuses or to add or drop a major, minor, or certificate. Applications submitted after the 2nd week of the semester will apply to the following semester.

Required - Student Information and Current Program(s):	
Name:	Banner ID #:
Primary Academic Advisor:	Cumulative GPA:
Current Semester:	Anticipated Graduation Semester:
Campus: <input type="checkbox"/> St. Louis <input type="checkbox"/> Madrid (check one)	
School/College:	Degree: <input type="checkbox"/> BA <input type="checkbox"/> BS (check one)
Primary Major:	Concentration or Track:
2 nd Major:	Minor(s) or Certificate:
3 rd Major:	
Indicate the program or campus you wish to ADD or Apply/Change to . Only enter/select the information that will change because of this application. <i>Please complete a separate form for each addition or change.</i>	Indicate the program or campus you wish to DROP or move from . Only enter/select the information that will change because of this application. <i>Please complete a separate form for each addition or change.</i>
Campus: <input type="checkbox"/> St. Louis <input type="checkbox"/> Madrid (check one)	Campus: <input type="checkbox"/> St. Louis <input type="checkbox"/> Madrid (check one)
School/College:	School/College:
Degree: <input type="checkbox"/> BA <input type="checkbox"/> BS (check one)	Degree: <input type="checkbox"/> BA <input type="checkbox"/> BS (check one)
Primary Major:	Primary Major:
2 nd Major:	2 nd Major:
3 rd Major:	3 rd Major:
Concentration or Track:	Concentration or Track:
Minor or Certificate:	Minor or Certificate:
Required - Student Signature: <i>Some programs charge additional fees; please speak to your Financial Services Counselor.</i>	
Student Signature:	Date:

This section is to be completed by the program/department and/or school/college if the student is requesting a new program. Approval processes and signatures are determined by the relevant unit. Completion is not necessary if the student is dropping a program.		
Date Received:	Program/Dept:	School/College:
Program Criteria (GPA, audition, etc.):		
Decision: <input type="checkbox"/> Accept	<input type="checkbox"/> Conditionally Accept	<input type="checkbox"/> Deny
Comments/Conditions:		
New Faculty Mentor:	New Academic Advisor:	
Director/Chair approval:	Date:	
Dean Approval:	Date:	