SAINT LOUIS UNIVERSITY
COLLEGE OF ARTS AND SCIENCES

MAJOR / MINOR / CERTIFICATE REQUEST FORM

Name: _______________________________  I.D. #: ________________________________________
Cell Phone #: _________________________  E-mail Address: _____________________________________
Current School/College_______________________________________  Classification: FR SO JR SR
University Honors Program: ___Yes ___No  Expected Graduation: ___________________________

I WANT TO REQUEST

<table>
<thead>
<tr>
<th>MAJOR:</th>
<th>I WANT TO DROP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicate: ___BA ___BS ___Primary ___Secondary ___Tertiary</td>
<td>Indicate: ___BA ___BS ___Primary ___Secondary ___Tertiary</td>
</tr>
<tr>
<td>Track/Concentration: __________________________</td>
<td>Track/Concentration: __________________________</td>
</tr>
</tbody>
</table>

MINOR: __________________________________________________________________________
CERTIFICATE: ______________________________________________________________________

NOTE: For official acceptance: Music majors must audition. Studio Art majors must submit a portfolio.
Student Signature: __________________________________________  Date: ________________________
Academic Advisor Signature: ___________________________________  Date: ______________________
Advisor Instructions: Complete all information requested. Forward to College of Arts and Sciences, 218 Verhaegen Hall.

FOR CAS USE ONLY: Date Received: ________  CUM GPA: ________  Date sent to Academic Department: ________

FOR ACADEMIC DEPARTMENT USE ONLY:  [ ] Accepted  [ ] Not Accepted
Music Major Audition Completed: ___Yes ___No  Studio Art Portfolio Submitted: ___Yes ___No
Chair/Coordinator: __________________________  Date: ________________________
Mentor Assigned: ___________________________  Academic Dept/Program: ___________________________
Comments: __________________________________________________________________________

DEPARTMENT INSTRUCTIONS:
• Confirm Concentration or Track for major, if applicable.
• Add or remove faculty mentor in Banner (SGAADVR). Do not indicate mentor as primary advisor. Do not use the ‘End Advisor’ option.
• Scan and forward completed form to College of Arts of Sciences at artssci@slu.edu within two weeks of receiving the form.
• Keep copy for department records, if applicable.