

# SAINT LOUIS UNIVERSITY MAJOR APPLICATION FORM

**Student Information:** *Complete the top section and sign*

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

SLU Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Semester for which transfer is requested: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

Current Classification: FR SO JR SR Expected Graduation Date: \_\_\_\_\_

Current primary advisor: \_\_\_\_\_ Current faculty mentor: \_\_\_\_\_

Is your primary advisor in SES? Yes No or Pre-professional Health? Yes No

*NOTE: This form does NOT change the primary advisor for students advised in SES or Pre-professional Health.*

<b>International / ESL Students</b>	TOEFL score: _____	TWE: _____	SLUWE: _____
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**Current Program:**

Campus: (circle one) St. Louis Madrid

Are you in the Honors program? Yes No

School/College: \_\_\_\_\_

Degree: \_\_\_\_\_

Primary Major: \_\_\_\_\_

Concentration/

Track (if applicable): \_\_\_\_\_

2<sup>nd</sup> Major \_\_\_\_\_

Certificate/Minor: \_\_\_\_\_

**Requested Program:**

Campus: (circle one) St. Louis Madrid

Do you want to stay in the Honors program? Yes No

*If NO, please contact the Honors program.*

School/College: \_\_\_\_\_

Degree: \_\_\_\_\_

Primary Major: \_\_\_\_\_

Concentration/

Track (if applicable): \_\_\_\_\_

2<sup>nd</sup> Major \_\_\_\_\_

Certificate/Minor: \_\_\_\_\_

*Applications submitted after the 4th week of the current semester will apply to the next semester. Some programs charge additional fees; refer to Student Financial Services.*

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Dean's Recommendation** (to be completed by the Dean's Office for the requested program) **DATE RECEIVED:** \_\_\_\_\_

New School: \_\_\_\_\_ Major/Concentration: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Accept \_\_\_\_\_ Conditionally Accept \_\_\_\_\_ Defer \_\_\_\_\_ Deny \_\_\_\_\_

Comments/Conditions: \_\_\_\_\_

New Academic Advisor: \_\_\_\_\_ New Mentor: \_\_\_\_\_

**Do NOT assign new advisor as Primary if current Primary Advisor is in SES or Pre-professional Health.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Before census date**

\_\_\_\_ this is a COPY for Previous College (sent \_\_\_\_\_)

YES NO New advisor entered on SGAADVR, current term

YES NO New mentor entered on SGAADVR

YES NO Curriculum update has been sent to Registrar

\_\_\_\_ Send file **NOW** to new advising office

Date file sent \_\_\_\_\_ Date file received \_\_\_\_\_

\_\_\_\_ Send copy to Honors if student drops Honors program.

**After census date**

\_\_\_\_ this is a COPY for Previous College (sent \_\_\_\_\_)

YES NO New advisor entered on SGAADVR, **NEXT** term

YES NO New mentor entered on SGAADVR, **NEXT** term

YES NO Curriculum update has been sent to Registrar

\_\_\_\_ Send file at **END** of current term to new advising office

Date file sent \_\_\_\_\_ Date file received \_\_\_\_\_

\_\_\_\_ Send copy to Honors if student drops Honors program.