



**ST. JOHN'S
UNIVERSITY**

COLLEGE OF PROFESSIONAL STUDIES
CHANGE OF RECORD FORM

STUDENT NAME:	X NUMBER:	SEMESTER:
		UG or GR
FROM:		TO:
DEGREE:		
MAJOR:		
MINOR:		
<p>For DRM minor: <i>Students must pass an audition before the minor can be declared officially.</i></p> <p>Date Audition Passed: _____</p> <p>Director Signature: _____ Richard Rex Thomas (thomasr@stjohns.edu)</p>	<p>New Minor Requirements : _____ Credits</p> <p>_____</p> <p>_____</p>	

FOR SECOND SEMESTER FRESHMEN:

Freshman Advisor Signature _____ **EXT** _____ **DATE** _____

ALL STUDENTS:

I understand that the responsibility for knowing and fulfilling all degree requirements rests with the individual student.

Student Signature: _____ **Date:** _____

Dean's Signature: _____ **Date:** _____