Please fill in relevant parts and return completed form to Registrars@ben.edu from your BenU email.

PART I  General Information  (To be completed by the student.)

STUDENT NAME ___________________________________  BenU ID ________________________________
(Print)

PART II  Current Academic Information  (To be completed by the student.)

☐ Traditional  ☐ Adult  ☐ Learning Team Number_________________  ☐ Online

MAJOR  First ___________________________________ Second ___________________________________

MINOR  First ___________________________________ Second ___________________________________

CONCENTRATION First ___________________________________ Second ___________________________________

PART III  New Academic Information  Include all components of degree plan.  (To be completed by the student.)

☐ Traditional  ☐ Adult  ☐ Learning Team Number_________________  ☐ Online  ☐ Changing Academic Advisor Only

Adding or changing plans of study after the start of your graduation term is not allowed.

☐ Please check here if you have applied for graduation.

MAJOR  First ___________________________________ Second ___________________________________

MINOR  First ___________________________________ Second ___________________________________

CONCENTRATION First ___________________________________ Second ___________________________________

PART IV  Change Catalog Year Requirements  (To be completed by the advisor.)

☐ Change from _______ to _______  (example: Change from 2018-2019 to 2020-2021)

Years  Years

PART V  Change of Campus  (To be completed by the student.)

☐ No change  ☐ Mesa to Main  ☐ Main to Mesa  ☐ Springfield to Main

☐ Permanent Change of Campus  ☐ Change of Campus for only one semester as a Visiting Student

Effective term for campus change __________________________________________

PART VI  Student Authorization for Changes in Parts I to V

AUTHORIZED BY ___________________________________________________________

Student Signature ________________________________ Date ________________

PART VII  Approvals  Student must obtain the required signatures before the form can be processed.

*Not applicable for adding a new minor

**Not applicable if change results in same advisor(s)

APPROVED

Current Advisor, if Applicable* (Print) __________________________________________

Current Advisor, if Applicable* (Signature) ________________________________ Date

APPROVED

New or Second Advisor, if Applicable** (Print) __________________________________________

New or Second Advisor, if Applicable** (Signature) ________________________________ Date

PART VIII  Recording

UPDATED __________________________________________________________

Office of the Registrar Signature ________________________________ Date

Revised: Registrar’s Office/09-21 JLH