CHANGE OF ACADEMIC PLAN
Traditional Undergraduate / Accelerated Programs

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