

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 ☐ Online

CURRENT PROGRAM _____

CURRENT CONCENTRATION First _____ Second _____

CURRENT CERTIFICATE First _____ Second _____

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

☐ Traditional ☐ Online

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.**

NEW PROGRAM _____

NEW CONCENTRATION First _____ Second _____

NEW CERTIFICATE First _____ Second _____

PART IV Change Catalog Year Requirements *(To be completed by the advisor.)* ☐ **Please check here if no change to catalog year.**

☐ Change Degree from _____ to _____ (example: Change from 2025-2026 to 2026-2027)
Years Years

☐ Change Certificate from _____ to _____ (example: Change from 2025-2026 to 2026-2027)
Years Years

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

☐ **No change** ☐ Current Campus _____ to Requested Campus _____
☐ 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 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