

Please return completed form with signatures to [Advisingcenter@ben.edu](mailto:Advisingcenter@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

MAJOR First \_\_\_\_\_ Second \_\_\_\_\_

MINOR First \_\_\_\_\_ Second \_\_\_\_\_

CONCENTRATION First \_\_\_\_\_ Second \_\_\_\_\_

CERTIFICATE First \_\_\_\_\_ Second \_\_\_\_\_

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

☐ Traditional ☐ 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 \_\_\_\_\_

CERTIFICATE First \_\_\_\_\_ Second \_\_\_\_\_

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

☐ Please check here if there is no change to catalog year.

☐ Change 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 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

UPDATED

Office of the Registrar Signature Date