

Please return form to the Office of the Registrar at Registrars@ben.edu from your BenU email.

PART I COURSE CH To be completed by the student				
Term 20	Fall Wit	nter	Spring	Summer
Name (Print) Last	First	MI	Student ID#	

Check here if you are a Student Athlete

COURSES ADDED

CLASS #	SUBJECT	CATALOG # & SECTION	HRS.	COURSE TITLE
i.e. 1249	LITR	150/A	3	Themes in Literature

PART II Approvals/Signatures

Department Chair signature/Date	
Instructor's signature/Date	
Academic Advisor signature/Date	
Athletic Advisor (Athletes only)	
Signature/Date	

Students are responsible for obtaining all signatures prior to returning to Registrars@ben.edu for processing.

I ACKNOWLEDGE THAT I AM FINANCIALLY RESPONSIBLE FOR THE CHANGES IN THE EVENT OF ADDING CLASSES, WHICH MAY EXCEED THE 18 HOUR LIMIT.

Student's Signature

Date

Total Hours after Change

PART III Processing

To be completed by the Office of the Registrar

Date Processed

Processor's Signature