



CHANGE OF ACADEMIC PLAN

Traditional Graduate / Online Graduate Program

Please return completed form to Registrars@ben.edu

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

STUDENT NAME _____ ID _____
CONTACT NUMBER _____ EMAIL _____

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

Traditional Learning Team Number _____ Online

CURRENT PROGRAM _____
CURRENT CONCENTRATION OR
CERTIFICATE (PLEASE SPECIFY) _____

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

Traditional Learning Team Number _____ Online

NEW PROGRAM _____
NEW CONCENTRATION OR
CERTIFICATE (PLEASE SPECIFY) _____

*Is this a change
of campus?* No change Main to Mesa Mesa to Main

AUTHORIZED _____
Student Signature Date

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

CHANGE FROM _____ TO _____ (example: Change from 2016-2017 to 2017-2018)
Year Year

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

APPROVED _____
Current Advisor (**Print**) Date

Current Advisor (Signature) Date

APPROVED _____
New/Second Advisor, if Applicable (**Print**) Date

New/Second Advisor, if Applicable (Signature) Date

PART VI Recording

Office of the Registrar Signature Date