

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 CONTACT NUMBER | | IDEMAIL |
|---|--|------------------|
| PART II Currer | nt Academic Information (To be completed by the student) Traditional Learning Team Number | er Online |
| CURRENT PROGRA CURRENT CONCEN CERTIFICATE (PLE | TRATION OR | |
| PART III New A | Academic Information Include all components of degree plan Traditional Learning Team Number | |
| NEW PROGRAM | | |
| NEW CONCENTRA' CERTIFICATE (PLE. | ITON OR ASE SPECIFY) | |
| Is this a change of campus? | ☐ No change ☐ Main to Mesa ☐ Mesa | a to Main |
| AUTHORIZED | | |
| | Student Signature | Date |
| | Catalog Year Requirements (To be completed by the adv. TO (example: Change from 2 Year Year | |
| PART V Appro | vals Student must obtain the required signatures before the form ca | an 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 Recor | rding | |
| | Office of the Registrar Signature | Date |