



CHANGE OF ACADEMIC PLAN
Traditional Undergraduate / Accelerated Programs

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 Adult Learning Team Number _____ Online

MAJOR First _____ Second _____

MINOR First _____ Second _____

CONCENTRATION First _____ Second _____

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

Traditional Adult Learning Team Number _____ 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 _____

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

Change from _____ to _____ (example: Change from 2018-2019 to 2020-2021)
Years Years

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

No change Mesa to Main Main to Mesa Springfield to Main

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

PART VIII Recording

UPDATED _____
Office of the Registrar Signature Date