Benedictine University®

**Please return completed form to the Office of the Registrar, LOWNIK 103**

# CHANGE OF ACADEMIC PLAN

***Traditional Graduate / Online Graduate Program***

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**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 _____

**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 _____

***Is this a change of campus?***

☐ **No change** ☐ Main to Springfield ☐ Main to Mesa ☐ Springfield to Mesa
☐ Springfield to Main ☐ Mesa to Main ☐ Mesa to Springfield

AUTHORIZED _____ _____

Student Signature Date

**PART IV** **Approvals and Recording** *Student must obtain the required signatures before the form can be processed. Completed forms should be returned to the Office of the Registrar.*

APPROVED _____ _____

Current Advisor (Print) Date

_____ _____

Current Advisor (Signature) Date

APPROVED _____ _____

New/Second Advisor, if Applicable (Print) Date

_____ _____

New/Second Advisor, if Applicable (Signature) Date

UPDATED _____ _____

Office of the Registrar Signature Date

***Select any that apply.***

☐ *Advising file forwarded to new department.*
☐ *Requested previous advisor to forward advising file to new department.*
☐ *Advising file created for new / second advisor.*
☐ *No file movement required.*