Benedictine University Mesa

CHANGE OF ACADEMIC PLAN

Traditional Undergraduate / Adult Accelerated Programs

Please fill in relevant parts and return completed form to the Office of the Registrar, Gillett Hall 121 OR e-mail to mesaregistrar@ben.edu

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**

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 2016-2017 to 2017-2018)
Years Years

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

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

☐ Permanent Change of Campus ☐ Change of Campus for only one semester as a Visiting Student

Effective term for campus change _____

PART VI Student Authorization

AUTHORIZED BY _____ _____
Student Signature Date

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

Return completed forms to the Office of the Registrar in Lownik 103.

APPROVED _____
Current Advisor (**Print**)

_____ _____
Current Advisor (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

Revised: Registrar's Office/3-23-20/MT