

## **Change of Academic Program/Major**

Please print a current copy of your unofficial transcript, which can be found on your MyBenU account

FOR STUDENT TO COMPLETE	
Name of Student:	SEVIS ID No.:
BenU E-mail Address:	Phone Number:
Local Address (Street City Zip):	
Education Level (circle one): Undergraduate Graduate	Doctoral Other
**Graduate and Doctoral students- please be aware that chacceptance by the department. This process can take 2-4 w	nanging programs requires applying to the new program and eeks. Please contact Admissions to begin the process.
Old Major/Program:	
New Major/Program:	
The change of major/program will leave the student with	credit hours to complete
Students anticipated graduation date is:      Month	Day Year
New Academic Advisor: Date: _	
*Academic advisors: Please contact the International Programs and S	ervices Office if you have any questions regarding this form.
By signing this form I affirm that all information is valid and correct. I statement should the change of major/program require additional tire. Also, unauthorized off-campus employment/internship is a violation to follow the appropriate process for requesting authorization if I plan	me on my I-20.  of status and can result in termination. I understand that I need
major/program.	Tto complete an internship for my new academic
Student Signature: Date: _	
For Office Use Only Request Approved: Yes No	
Complete (initials):	
File Documented:	
SEVIS Updated:	
New I-20 created: PSFT Note:	_