Complete this Academic Program Add/Change Form and take it to the LifeMap Commons (E235) for consultation and sign-off.

- Academic Program changes will be processed up through the end of the schedule adjustment period each semester.
- Academic Program changes submitted after the schedule adjustment period will be processed for the next semester.
- Academic Program additions may be completed and submitted at any time.
- Students changing academic programs may be assigned to an advisor in the new program.
- Academic Program change forms \textit{cannot} be submitted for \textit{selective programs} with specific prerequisites and start terms.

BHCC ID: _______________________________  Date: __/__/___

Name: __________________________________________________________________________

Are you a Veteran: [ ] Yes [ ] No  If yes, *Veterans Coordinator signature is required.
Are you an F1 Visa Student: [ ] Yes [ ] No  If yes, *International Center signature is required.

Do you have transfer credits? [ ] Yes [ ] No  If yes, you MUST notify transferServices@bhcc.edu to re-evaluate your credits.

☐ ACADEMIC PROGRAM CHANGE REQUEST

Current Academic Program: ___________________________________________ Certificate or Degree (Circle one)

New Academic Program: _____________________________________________ Certificate or Degree (Circle one)

\textit{<Catalog year will be updated to the program requirements in effect at the beginning of the semester.>}

☐ ADDING A SECOND ACADEMIC PROGRAM

Adding a second program takes careful thought and planning. A student cannot declare a second program without first meeting or speaking with a LifeMap or faculty advisor to discuss the student’s goals and the impact this decision will have on the student’s time required to complete the certificate or degree. \textit{LifeMap or Faculty advisor signature required.}

Second Academic Program: ___________________________________________ Certificate or Degree (Circle one)

LifeMap Advisor Signature: ___________________________________________ Date: _________

Faculty Advisor Signature: ___________________________________________ Date: _________

*Veterans Coordinator Signature: _______________________________________ Date: _________

*International Center Signature: _______________________________________ Date: _________

Student Signature - Your signature indicates that you have discussed this with an advisor and understand the impact on your time and finances while attending BHCC:

Sign here: ___________________________________________  Date: ___/___/____

Academic Records Staff Use Only:
Staff initials: _______ Date entered: ___/___/___