



Request for Change of Program

Revised November 19, 2024

Student Name: _____ BHC ID #: _____

Catalog year: _____

AA – Associate in Arts Code: 1145
Concentration (What do you plan to study at your transfer institution?) _____

AS – Associate in Science Code: 1645
Concentration (What do you plan to study at your transfer institution?) _____

AAS – Associate in Applied Science _____ Code: _____

Certificate _____ Code: _____

See an Advisor before selecting one of the programs below:

AFA – Associate of Fine Arts (Code: 1245)

ALS – Associate in Liberal Studies (Code: 2031)

Departmental approval is required before selecting one of the **Selective Admission** programs below:

AAS – Associate Degree Nursing (Code: 5456)

AAS – Surgical Technology (Code: 5173)

AAS – Veterinary Technology (Code: 5017)

AAS – Physical Therapist Assistant (Code: 5179)

CERTIFICATE – Practical Nursing (Code: 5666)

Student Signature* _____ Date: _____

Dept. Chair signature** _____ Date: _____

**Signature may be left blank and e-signature will be accepted when completed form is sent from the student's myBHC Email account.*

***Only required for Selective Admissions programs. In lieu of Dept. Chair signature, a copy of program acceptance letter may be attached.*

Return by email from your myBHC account to registrar@bhc.edu or deliver in person to Enrollment Services at either campus.

Office Use Only:	ADD/REMOVE
Processed by: _____ Date: _____	ADV Hold/Comment: _____ Date: _____