

Program of Study Change Form

Student should work with his or her academic advisor to complete this form. Fill in all spaces electronically. Then, print the form and affix the three signatures. All signatures are required to process this form. Deliver the form to the Registrar's Office.

Office of the Registrar
41 Berkeley Street
Boston, MA 02116
Telephone: (617) 588-1398
Email: registrar@bfiit.edu



First Name	<input type="text"/>	Contact Number	<input type="text"/>
Middle Name	<input type="text"/>	Email Address	<input type="text"/>
Last Name	<input type="text"/>	Student ID	<input type="text"/>

PROGRAM OF STUDY DECLARATION

(select the appropriate boxes and complete the blanks)

I am currently completing a/an:

- ☐ Certificate in
- ☐ Associate's degree in
- ☐ Bachelor's degree in

I am changing my program of study to a/an:

- ☐ Certificate in
- ☐ Associate's degree in
- ☐ Bachelor's degree in

I am changing my program of study: (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> due to work obligations. | <input type="checkbox"/> to complete college sooner. |
| <input type="checkbox"/> to start working sooner. | <input type="checkbox"/> since I am no longer interested in my current program. |
| <input type="checkbox"/> due to financial obligations. | <input type="checkbox"/> other reasons. |

REQUIRED TO PROCESS PROGRAM OF STUDY CHANGE (check off box below)

- ☐ I hereby request the following changes to my program of study. I understand that I am subject to any requirements of the new program of study, that graduation may be delayed as a result of this change, and that some of my credit hours may not transfer or count towards the new program of study.

Student's Signature	<input type="text"/>	Date	<input type="text"/>
Financial Aid Signature	<input type="text"/>	Date	<input type="text"/>
Academic Advisor Signature	<input type="text"/>	Date	<input type="text"/>

Registrar Use Only (do not write below this area)

Recorded by	<input type="text"/>	Date	<input type="text"/>
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