Change Program of Study

Office of Academic Affairs
Registrar: registrar@bua.edu

PERSONAL INFORMATION (PLEASE PRINT)

Name _____ SSN or Student ID# _____

Address _____ City _____ State _____ Zip Code _____

Phone Number ( )_____ Email Address _____

ACADEMIC INFORMATION

Current Program of Study

Date Admitted _____
Completion Date _____

- ☐ Associate of Arts in Cross-Cultural Studies
- ☐ Bachelor of Arts in Biblical Theological Studies
- ☐ Bachelor of Arts in Business
- ☐ Bachelor of Arts in Music
- ☐ Bachelor of Arts in Spanish
- ☐ ESL-English as a Second Language
- ☐ Diploma Program
- ☐ Bachelor of Arts in Human Behavior

New Program of Study

Date Admitted _____
Completion Date _____

- ☐ Associate of Arts in Cross-Cultural Studies
- ☐ Bachelor of Arts in Biblical Theological Studies
- ☐ Bachelor of Arts in Business
- ☐ Bachelor of Arts in Music
- ☐ Bachelor of Arts in Spanish
- ☐ ESL-English as a Second Language
- ☐ Diploma Program
- ☐ Bachelor of Arts in Human Behavior

Reason for changing the program:

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_____ _____
Student Signature Date of Change

_____ _____
Dr. Julio Varela Registrar's Office
Dean of Academic Affairs