



Request for Change of Program

Rev. 02/13/2026

Student Information

Student Name: _____ BHC ID #: _____

Catalog year: _____

Program Selection

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 – Physical Therapist Assistant (Code: 5179)

AAS – Surgical Technology (Code: 5173)

AAS – Occupational Therapy Assistant (Code: 5385)

AAS – Veterinary Technology (Code: 5017)

CERTIFICATE – Practical Nursing (Code: 5666)

Authorization

*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 myBHC email to registrar@bhc.edu or deliver in person to Enrollment Services at either campus.

Office Use Only

Processed by: _____ Date: _____

ADV Hold/Comment: _____ Date: _____