



Request for Change of Program

Student Name: _____

BHC ID #: _____

- AA – Associate of Arts (Code: 1045)
- AS – Associate of Science (Code: 1545)
- 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 of Liberal Studies (Code: 2031)

Catalog Year: _____

Student Signature* _____ Date: _____

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

Return by email to: registrar@bhc.edu

OR

Print and return to:

Quad City Campus

Black Hawk College
Enrollment Services
6600 34th Avenue
Moline, IL 61265

East Campus

Black Hawk College
Enrollment Services
26230 Black Hawk Rd
Galva, IL 61434

Office Use Only:

Processed by: _____

Date: _____