



Request for Change of Program

Revised August 14, 2019

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)

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)st
- 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 myBlackHawk 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 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: _____