

# BENNINGTON COLLEGE

## PLAN UPDATE

**Student's Name:** \_\_\_\_\_

**Primary Area(s) of Study:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**To the Student:** Please attach a typed explanation of recent changes to your Plan.

**To the Faculty Advisor/Chair of the Plan Committee:** Is it necessary to schedule a Plan meeting to discuss the changes?     Yes     No

**Faculty Advisor's Signature:** \_\_\_\_\_

**To the Plan Committee:** Please print and sign below if you agree with the proposed Plan update.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_