

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: _____