

ACADEMIC PROGRAM INFORMATION FORM 2025-2026
PHYSICAL, LIFE, MOVEMENT & SPORT SCIENCES
MLH 306



Student Last Name _____ **First Name** _____ **Student ID/SSN** _____

Advisor Information

- ☐ **Add Advisor** _____ and/or Mentor _____
- ☐ **Remove Advisor** _____ and/or Mentor _____
- ☐ **Add a 2nd Advisor** _____ ☐ **Add a 3rd Advisor** _____

Program Information

- ☐ **Change** program(s) from _____
- ☐ **Add 2nd** program _____
- ☐ **Remove 2nd** program _____
- ☐ **Keep previously declared** minor/certificate _____
- ☐ **23-24 Catalog Yea**
- ☐ **24-25 Catalog Year**
- ☐ **25-26 Catalog Year**
- ☐ _____
- Effective Start Term (Required)** _____

DEGREE: ☐ Bachelor of Science ☐ Bachelor of Arts (*Two years of foreign language*) ☐ Post Baccalaureate

- | | |
|--|---|
| <input type="checkbox"/> Bioinformatics (BA/BS)** | <input type="checkbox"/> Kinesiology: Coaching (BA/BS) |
| <input type="checkbox"/> Biology (BA/BS) | <input type="checkbox"/> Kin: Ex Science/HLTH Occup (BA/BS - 3+2) |
| <input type="checkbox"/> Biology: Secondary Education (BA/BS)* | <input type="checkbox"/> Kin: Exercise Science/Health Occupations (BA/BS) |
| <input type="checkbox"/> Chemistry (BA/BS) | <input type="checkbox"/> Kinesiology: Health and Fitness (BA/BS) |
| <input type="checkbox"/> Chemistry: Geochemistry Emphasis (BA/BS) | <input type="checkbox"/> Kinesiology: Sports Studies (BA/BS) |
| <input type="checkbox"/> Chemistry: Secondary Ed (BA/BS)* | <input type="checkbox"/> Liberal Arts: Natural Science & Math (AA)** |
| <input type="checkbox"/> Earth Science (BA/BS) | <input type="checkbox"/> Natural Science: Composite Sec Ed (BA/BS)* |
| <input type="checkbox"/> Earth Science: Secondary Ed (BA/BS)* | <input type="checkbox"/> Secondary Education: Kinesiology (BA/BS)* |
| <input type="checkbox"/> Exercise Science (BA/BS) | <input type="checkbox"/> Sport Management (BA/BS)** |
| <input type="checkbox"/> General Studies: Nat. Sci. & Math (BA/BS)** | <input type="checkbox"/> Sports Media Studies (BA/BS)** |

** Majors REQUIRE two advisor signatures

* Secondary Education Majors REQUIRE two advisors-one in major and one in Education

Please check a cohort if applicable:

- | | |
|--|--|
| <input type="checkbox"/> PPT (Pre-Physical Therapy) | <input type="checkbox"/> PHARM (Pre-Pharmacy) |
| <input type="checkbox"/> DENT (Pre-Dentistry) | <input type="checkbox"/> PPA (Pre-Physician Assistant) |
| <input type="checkbox"/> PMED (Pre-Medicine) | <input type="checkbox"/> POT (Pre-Occupational Therapy) |
| <input type="checkbox"/> PVET (Pre-Veterinary) | <input type="checkbox"/> POPT (Pre-Optometry) |

Student's Signature:	Date:
Advisor's Signature:	Advisor's PRINTED Name:
2nd Advisor's Signature:	2nd Advisor's PRINTED Name:
Division Chair's Signature:	2nd Division Chair's Signature:
Advising Center Approval:	