

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"/> Computational Biology (BA/BS)** | <input type="checkbox"/> Kin: Ex Science/HLTH Occup (BA/BS - 3+2) |
| <input type="checkbox"/> Biology (BA/BS) | <input type="checkbox"/> Kinesiology: Coaching (BA/BS) |
| <input type="checkbox"/> Biology: Secondary Education (BA/BS)* | <input type="checkbox"/> Kinesiology: 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"/> Secondary Education: Natural Science (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)** - not available starting fall 2026 |

** 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:	