ACADEMIC PROGRAM INFORMATION FORM 2026-2027

INTERDISCIPLINARY PROGRAMS

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 additional program**

☐ **Remove program**

☐ **Keep previously declared minor**

Catalog Year

☐ **Keep**

☐ **Change**

_____

Effective Start Term (Required)_____

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

☐ Interdisciplinary Studies

☐ PLAW ID: Pre-Law (plus 1 area of concentration)

☐ _____
Area of Concentration 1

☐ _____
Area of Concentration 2

Please select the divisions which offer the majority of coursework in each Area of Concentration

*Note: Your primary division will be that which corresponds with Area of Concentration 1.

☐ Arts, Letters, & Learning

☐ Business & Social Sciences

☐ Math & Science

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:	Interdisciplinary Program Approval:

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