ACADEMIC PROGRAM INFORMATION FORM 2025-2026

GRADUATE PROGRAMS

Warrior OneStop

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 _____

Nursing & Health Sciences:

☐ Nursing Management & Leadership

☐ Nursing Leadership in Healthcare MSN

Physical, Life, Movement & Sport Sciences:

☐ Sport Coaching

Business & Computer Science

CyberAccounting

*Students will remain in the 99.ACAD.PB program, allowing them to enroll in Undergraduate courses.

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:

500 8th Avenue, RCH 108
208-792-2223

www.lcsc.edu/registrar
registrar@lcsc.edu