ACADEMIC PROGRAM INFORMATION FORM 2026-2027

BUSINESS & SOCIAL SCIENCES DIVISION

SPH 101

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 _____

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)*

☐ Accounting (BS)
☐ Applied Science (BAS)
☐ Behavioral Science (AA)
☐ Bookkeeping/Accounting (AAS)
☐ Bookkeeping/Accounting(ATC)
☐ Bookkeeping/Accounting (BTC)
☐ Business (BAS)
☐ Business Administration (AS)
☐ Business Administration (BA/BS) +
☐ Business & Communication (BA/BS)*
☐ Business Informatics (BA/BS)*
☐ Business Management (BA/BS) +
☐ Computational Biology (BA/BS)*
☐ Cybersecurity Management (BA/BS)*
☐ Food & Beverage Management (ITC)
☐ Front Office Management (ITC)
☐ General Studies Business (BA/BS) +
☐ General Studies Social Sciences (BA/BS) +
☐ History (BA/BS)
☐ Hospitality Management (AAS)
☐ Hospitality Management (ATC)
☐ Hospitality Management (ITC)
☐ Justice Studies (AA)
☐ Justice Studies (BA/BS)
☐ Marketing (AS)
☐ Paralegal (BAS)
☐ Paralegal (AAS)
☐ Paralegal (ITC)
☐ Pre-Law (BS)
☐ Psychology (BA/BS)
☐ Social Sciences (BA/BS)
☐ Sport Management (BA/BS)*

+ Cannot be in both of these programs or in General Studies from same program area.

* Majors REQUIRE two advisor signatures

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:	

500 8th Avenue, RCH 108
208.792.2223

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