ACADEMIC PROGRAM INFORMATION FORM 2026-2027

# MATH & SCIENCE DIVISION

**MLH 306**

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)*

☐ Biology (BA/BS)

☐ Chemistry (BA/BS)

☐ Computational Biology (BA/BS)*

☐ Computer Science (BA/BS)

☐ Computer Science: Software Engineering (BA/BS)

☐ Cybersecurity Management (BA/BS)*

☐ Earth Science (BA/BS)

☐ Exercise Science (BA/BS)

☐ General Studies Natural Science & Mathematics (BA/BS)

☐ Kinesiology (BA/BS)

☐ Kin: Exercise Science/HLTH Occu (BA/BS-3+2)

☐ Liberal Arts: Natural Science & Mathematics (AA)

☐ Mathematics (BA/BS)

☐ Sport Management (BA/BS)*

☐ Web Design & Development (AAS)

☐ Web Design & Development (ITC)

* Majors **REQUIRE** two advisor signatures

*Please check a cohort if applicable:*

☐ **PPT** (Pre-Physical Therapy)

☐ **DENT** (Pre-Dentistry)

☐ **PMED** (Pre-Medicine)

☐ **PVET** (Pre-Veterinary)

☐ **PHARM** (Pre-Pharmacy)

☐ **PPA** (Pre-Physician Assistant)

☐ **POT** (Pre-Occupational Therapy)

☐ **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: | |

500 8th Avenue, RCH 108
208.792.2223

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