ACADEMIC PROGRAM INFORMATION FORM 2026-2027

NURSING, ALLIED HEALTH & HEALTH PROFESSIONS

SAC 118

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)* ☐ Associate of Applied Science

☐ Medical Laboratory Technology (AAS)*

☐ Physical Therapist Assistant (AAS)*

☐ Social Work (BSW) **

** By declaring this major and signing this Program Information Form, I am aware that this program may include DEI-related content.

☐ Health Studies (BA/BS/AAS) **Select a cohort code:**

☐ Pre-Dental Hygiene (AAS)	***PDENT***
☐ Pre-Medical Laboratory Technology (AAS)	***PMLT***
☐ Pre-Nursing BSN	***PBSN***
☐ Pre-Nursing PN to BSN	***PLPN***
☐ Pre-Nursing RN to BSN	***PRN***
☐ Pre-Physical Therapist Assistant (AAS)	***PPTA***
☐ Pre-Radiographic Science (AS)	***PRAD***
☐ Pre-Radiographic Science (BS)	***PRADB***
☐ Pre-Paramedic Science	***PPS***

Nursing Division Use ONLY

☐ Computed Tomography*

☐ Nursing*

☐ Nursing CC to BSN track*

☐ Nursing PN to BSN track*

☐ Nursing RN to BSN track*

☐ Radiographic Science (AS)*

☐ Radiographic Science (BS)*

***must be admitted into the program**

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