

NURSING & HEALTH SCIENCES DIVISION**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 2nd program** _____☐ **Remove 2nd program** _____☐ **Keep previously declared** minor/certificate☐ **23-24 Catalog Year**☐ **24-25 Catalog Year**☐ **25-26 Catalog Year**☐ _____**Effective Start Term (Required)** _____**DEGREE:** ☐ Bachelor of Science ☐ Bachelor of Arts (*Two years of foreign language*)☐ Post Baccalaureate☐ Business Administration: Healthcare Management☐ Medical Administrative Assistant (AAS) *☐ Medical Administrative Assistant (ATC) *☐ Medical Assistant (AAS) *☐ Medical Assistant (ITC) *☐ Medical Biller/Coder (ITC)☐ Medical Receptionist (ITC)☐ Medical Transcription (ITC)☐ Health Studies*☐ Pre-Dental Hygiene☐ Pre-Nursing BSN☐ Pre-Nursing LPN to BSN☐ Pre-Nursing RN☐ Pre-Physical Therapist Assistant☐ Pre-Radiographic Science (AS)☐ Pre-Radiographic Science (BS/A)☐ Pre-Paramedic Science

Select a cohort code:

*PIDENT**PBSN**PLPN**PRN**PPTA**PRAD**PRADB**PPS*

PRE-MED Cohort code:

☐ Pre-Dentistry*DENT*☐ Pre-Medicine*PMED*☐ Pre-Occupational Therapy*POT*☐ Pre-Optometry*POPT*☐ Pre-Pharmacy*PHARM*☐ Pre-Physical Therapy*PPT*☐ Pre-Physician Assistant*PPA*☐ Pre-Veterinary*PVET***Nursing Division Use ONLY**☐ Computed Tomography*☐ Nursing*☐ Nursing CC to BSN track*☐ Nursing LPN to BSN track*☐ Nursing RN to BSN track*☐ Radiographic Science (AS)*☐ Radiographic Science (BS/BA)***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: