ACADEMIC PROGRAM INFORMATION FORM 2025-2026

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

☐ Physical Therapist Assistant (AAS) *
(must be admitted into the program)

☐ Health Studies*

	Select a cohort code:
☐ Pre-Dental Hygiene #	***PDENT***
☐ Pre-Medical Laboratory Technology #	***PMLT***
☐ Pre-Nursing BSN	***PBSN***
☐ Pre-Nursing LPN to BSN	***PLPN***
☐ Pre-Nursing RN	***PRN***
☐ Pre-Physical Therapist Assistant #	***PPTA***
☐ Pre-Radiographic Science (AS)	***PRAD***
☐ Pre-Radiographic Science (BS/A)	***PRADB***
☐ Pre-Paramedic Science	***PPS***

- these cohorts will be put in the Health Studies AAS

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:	

***By declaring this major and signing the Program Information Form, I am aware that I may be required to provide evidence of vaccination and/or immunity as required by external clinical sites**