ACADEMIC PROGRAM INFORMATION FORM 2024-2025

GRADUATE PROGRAMS



| | First Name | Student ID/SSN |
|--|------------------------------|--------------------|
| Advisor Information | | |
| Add Advisor an | nd/or Mentor | |
| Remove Advisor and | d/or Mentor | |
| Add a 2nd Advisor | Add a 3rd Advisor | |
| Program Information | | 22-23 Catalog Year |
| Change program(s) from | | 23-24 Catalog Year |
| Add 2nd program | | 24-25 Catalog Year |
| Remove 2nd program | | |
| Keep previously declared certificate Effective Start Term (Required) | | |
| | | uireu) |
| DEGREE: Graduate Certificate | | |
| DEGREE: Graduate Certificate | | sion Use Only |
| | | sion Use Only |
| DEGREE: Graduate Certificate | Divis Nursing & Health Sc | sion Use Only |

*Students will remain in the 99.ACAD.PB program, allowing them to enroll in Undergraduate courses.

| 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: |
| 500 8th Avenue, RCH 108 | www.lcsc.edu/registra |

208-792-2223