

ACADEMIC PROGRAM INFORMATION FORM 2024-2025
PHYSICAL, LIFE, MOVEMENT & SPORT SCIENCES
 MLH 306



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 _____

22-23 Catalog Year

23-24 Catalog Year

24-25 Catalog Year

Effective Start Term (**Required**) _____

DEGREE: Bachelor of Science Bachelor of Arts (*Two years of foreign/heritage language*) Post Baccalaureate

- | | |
|--|---|
| <input type="checkbox"/> 725 Bioinformatics (BA/BS)** | <input type="checkbox"/> 310/EM8 Kinesiology: Coaching (BA/BS) |
| <input type="checkbox"/> 705 Biology (BA/BS) | <input type="checkbox"/> 310/EM5AT Kin: Ex Science/HLTH Occup (BA/BS - 3+2) |
| <input type="checkbox"/> 705/320 Biology: Secondary Education (BA/BS)* | <input type="checkbox"/> 310/EM5 Kin: Exercise Science/Health Occupations (BA/BS) |
| <input type="checkbox"/> 717 Chemistry (BA/BS) | <input type="checkbox"/> 310/EM6 Kinesiology: Health and Fitness (BA/BS) |
| <input type="checkbox"/> 717/EM1 Chemistry: Geochemistry Emphasis (BA/BS) | <input type="checkbox"/> 310/EM7 Kinesiology: Sports Studies (BA/BS) |
| <input type="checkbox"/> 717/320 Chemistry: Secondary Ed (BA/BS)* | <input type="checkbox"/> 62 Liberal Arts: Natural Science & Math (AA)** |
| <input type="checkbox"/> 740 Earth Science (BA/BS) | <input type="checkbox"/> 715/320 Natural Science: Composite Sec Ed (BA/BS)* |
| <input type="checkbox"/> 740/320 Earth Science: Secondary Ed (BA/BS)* | <input type="checkbox"/> 310/320 Secondary Education: Kinesiology (BA/BS)* |
| <input type="checkbox"/> 314 Exercise Science (BA/BS) | <input type="checkbox"/> 352 Sport Management (BA/BS)** |
| <input type="checkbox"/> 905/700 General Studies: Nat. Sci. & Math (BA/BS)** | <input type="checkbox"/> 420 Sports Media Studies (BA/BS)** |

** Majors REQUIRE two advisor signatures

* Secondary Education Majors REQUIRE two advisors-one in major and one in Education

Please check a cohort if applicable:

- | | |
|---|---|
| <input type="checkbox"/> PPT (Pre-Physical Therapy) | <input type="checkbox"/> PHARM (Pre-Pharmacy) |
| <input type="checkbox"/> DENT (Pre-Dentistry) | <input type="checkbox"/> PPA (Pre-Physician Assistant) |
| <input type="checkbox"/> PMED (Pre-Medicine) | <input type="checkbox"/> POT (Pre-Occupational Therapy) |
| <input type="checkbox"/> PVET (Pre-Veterinary) | <input type="checkbox"/> 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:	