ACADEMIC PROGRAM INFORMATION FORM 2025-2026

## **GRADUATE PROGRAMS**

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	

## **Nursing & Health Sciences:**

Nursing Management & Leadership

Nursing Leadership in Healthcare MSN

## Physical, Life, Movement & Sport Sciences:

Sport Coaching

## **Business & Computer Science**

CyberAccounting

\*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:
	www.lcsc.edu/registrar

