ACADEMIC PROGRAM INFORMATION FORM 2024-2025
NURSING & HEALTH SCIENCES DIVISION
SAC 118

Warrior OneStop

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

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☐ 205/EM2	Business Admin: Healthcare Mgmt	
☐ 650	Medical Administrative Assistant (AAS)	
☐ 651	Medical Administrative Assistant (ATC)	
☐ 1118.PRE	Medical Assistant (PRE)	
☐ 1118	Medical Assistant (AAS)	
☐ 1118	Medical Assistant (ITC)	
☐ 1318	Medical Biller/Coder (ITC)	
☐ 1319	Medical Receptionist (ITC)	
☐ 1316	Medical Transcription (ITC)	

Nursing Division Use ONLY

☐ 631	Computed Tomography
☐ 625	Nursing
☐ 627	Nursing CC to BSN track
☐ 624	Nursing LPN to BSN track
☐ 626	Nursing RN to BSN track
☐ 641	Radiographic Science (AS)
☐ 643	Radiographic Science

☐ 645 Health Studies

Select a cohort code:

☐ Pre-Dental Hygiene	**PDENT**
☐ 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-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**

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:	