

# CHANGE OF EDUCATIONAL GOALS FORM

(Authorization To Change Current Educational Goals)

Directions: Please read this form completely and then fill out all of the requested information. In order to process your request in a timely manner, please print legibly.

This form authorizes Bucks County Community College to change the classification of my current educational goals from that which I originally indicated at the time of application to the College. I understand that if I indicate that I am attending the College for personal interest/self-improvement, my application for financial aid will be affected.

Below, I have placed a check mark next to my current educational goal:

- Earn an Associate degree, then transfer
- Earn an Associate degree, then work
- Take courses, then transfer
- Earn a certificate
- Personal interest/self-improvement
- Job improvement
- Other (Please explain): \_\_\_\_\_

NAME: \_\_\_\_\_ STUDENT #--or--SS#: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**For internal purposes only.**

Received by: \_\_\_\_\_  
Processed by: \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_