

# Declaration of Educational Goal and Pre-Professional Programs



Name: \_\_\_\_\_ ID: \_\_\_\_\_  
*(please print)*

Information regarding educational goals and pre-professional programs are used only for advising purposes and to inform you of opportunities related to your program. Your educational goal or pre-professional program will not appear on your transcript.

Educational Goal/Pre-Professional Program
Add Goal: _____
Remove Goal: _____

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please select from the following educational goals below to assist with completing the form.

Occupational Therapy

Physician's Assistant

Pre-Dentistry

Pre-Forestry

Pre-Engineering

Pre-Law

Pre-Medical

Physical Therapy

Pre-Veterinary