Declaration of Educational Goal and



Pre-Professional Programs

Name:	ID:	
(please print)		
for advising purposes and t	o inform you of opportunition	sional programs are used only es related to your program. not appear on your transcript.
	ational Goal/Pre-Professiona	
Add Goal:		
Remove Goal:		
Student's Signature:		Date:
Please select from the follo	wing educational goals belo	w to assist with completing the
form.		
Athletic Training	Occupational Therapy	Physical Therapy
Physician's Assistant	Pre-Dentistry	Pre-Engineering
Pre-Forestry	Pre-Law	Pre-Medical
Pre-Veterinary		