

DEGREE SEEKING FORM

(Authorization to Change Degree Seeking Status)

NAME: _____
(Please Print)

SOCIAL SECURITY NUMBER: _____

This form authorizes Bucks County Community College to change my classification to a degree-seeking student and to certify that my intention is to earn a degree or certificate from Bucks County Community College or to transfer my credits to another College or University for the purpose of earning a degree or certificate.

Please indicate your current educational goal (check one):

_____ Earn an Associate Degree, Then Transfer

_____ Earn an Associate Degree, Then Work

_____ Earn a Certificate

_____ Take courses, Then Transfer

Signature: _____ Date: _____

Please return this form to:

Financial Aid Office
Bucks County Community College
275 Swamp Road
Newtown, PA 18940
215 968 8200
Fax 215 504 8522
Email finaid@bucks.edu

Bucks County Community College complies with applicable state and federal civil rights laws and does not discriminate in its educational programs, activities or employment practices.