

EDUCATIONAL GOALS & HISTORY

What degree are you seeking at Pierce College? (please check one below)

Associate in Arts (Direct Transfer Degree) Associate of Science Transfer (track 1 or 2)

Undecided Other (please specify) _____

Faculty Advisor _____

Intended transfer institution(s) 1 _____ 2 _____ 3 _____

List Other Colleges Attended _____

Have transcripts been sent to Pierce? Yes When? _____ No

If Yes, have they been evaluated? Yes-Officially evaluated, Yes-Unofficially evaluated, No-Not evaluated

What careers are you interested in?

Why are you interested in pursuing this/these careers?

What weaknesses or life challenges do you have that will hinder you from accomplishing your goals?

Affidavit/Release Statement The information provided on this form is, to the best of my knowledge, accurate and true. As a TRIO Student Support Services Program applicant, I give my permission for TRIO staff (including work-study staff) to review, obtain, or make copies of all necessary Pierce College and prior educational documents (i.e., financial aid records, college transcripts, assessment results, statement of disability, current academic progress reports) to determine my eligibility for the TRIO SSS program. I also give my permission for PCFS personnel to share information with TRIO staff as necessary to support my educational progress and academic success. I understand that I may withdraw this consent at any time by notifying the TRIO and Pierce College, in writing, of my intent to do so.

Confidentiality Waiver The TRIO Student Support Services staff works to provide confidentiality for students participating in our program. In addition to the limits to confidentiality outlined above, the following waivers apply: When a student discloses that s/he knows of child or elderly abuse; when a student discloses that s/he is a threat to self or others; when our records are legally subpoenaed. If any of the aforementioned apply, we are legally required to report our knowledge to appropriate authorities. The mode in which the information is obtained; i.e., classroom setting, electronic media, such as MySpace/Facebook, email correspondence, or direct conversation, all carry the same responsibility of disclosure on our part. Additionally, we want students to be conscious of the fact that our facilities structure is not designed to ensure confidentiality.

STUDENT'S SIGNATURE _____ DATE _____

PLEASE RETURN TO ROOM C425 ~ Fax 253-964-6479

Office Use Only COMMENTS

Entry Quarter _____

Staff Member Signature (at Ed Plan) _____ DATE _____

Asst Appt: _____

Ed Plan Appt: _____

Advisor's Initials

Advisor's Initials

Made on: _____