



## Eligibility - Educational Goal Update

Name \_\_\_\_\_ Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please complete the form below, print, sign and submit to the Financial Aid Office via email, mail, or fax.

Financial Aid Office  
11460 Warner Ave  
Fountain Valley, CA 92708  
714-241-6312 Fax  
[financialaid@coastline.edu](mailto:financialaid@coastline.edu)

**Incomplete forms will NOT be processed.**

**1. Educational Goal (Select One):**

Certificate Program

AA degree

AA degree/Transfer

**2. Student's Contact Phone Number:** \_\_\_\_\_

**3.** \_\_\_\_\_

**Student Signature**

**Date**