

The Office of Financial Aid and Scholarships Second Degree Form 2024-2025

To ensure timely offering of your financial aid, return this form and all required documents within 5 days.

Delaying the verification process will delay the offering of aid.

Student's Name:		XXX
	_	BANNER ID LAST 6 DIGITS ONLY
Address:		
Telephone #:	E-Mail:	
Major:	Department:	
Advisor's Name (Please print):		
Advisor's Ext:	Advisor's E-Mail:	
Undergraduate Graduate		
In order to be considered for federal or state financial assistance, you must be maintaining satisfactory academic progress. Students cannot exceed the aggregate loan limit.		
Academic Department use only - Please con	nplete the section below:	
This is to advise that the student whose name is indicated and the student whose name is indicated as the student whose name is not as the student who	nted above has a degree in	
and has been admitted in a second degree in		
Please circle the semester student began second	ond degree program:	
Fall 2024 Spring 2025 Summer	er 2025 Other:	
Total hours need to complete second degree.		_
Total hours transferred or already earned tow	vard second degree.	_
Total number of hours remaining to complete	e second degree.	_
Please attach a copy of student's Plan o	of Action - courses needed to com	plete the degree(s)
COPY MUST BE ON	DEPARTMENT LETTERHEA	ס
Example: Comp 140 Fund	amental of Computer Science	3 hours
Academic Advisor, Chairperson or Dean's Signature	Date	
Student Signature	Date	SECDG Revised 11/28/23