

NORTH CAROLINA A&T STATE UNIVERSITY
Student Financial Aid Office

Second Degree Certification Form

Student's Name: _____ Banner ID#: _____

Address: _____

Phone #: _____ E-Mail: _____

Major: _____ Department: _____

Academic Department use only

Please check one:

The student is or will be enrolled in the following program: Undergraduate: _____ Graduate: _____

This is to advise that the student whose name is indicated above is pursuing a second degree in

_____.

A. Total credits required to complete this degree. _____

B. Total hours transferred or already earned toward this degree. _____

C. Total number of hours remaining to complete this degree. _____

Academic Advisor, Chairperson or Dean's Signature

Date

(Print Name)

Phone # and Extension