

Office of Student Financial Aid Second Degree Form 2019-2020

Student's Name:		XXX BANNER ID LAST 6 DIGITS ONLY
Address:		
Telephone #:		
Major:		
Advisor's Name (Please print):		
Advisor's Ext:	Advisor's E-Mail:	
Undergraduate Gra	duate	
In order to be considered for federal of progress. Students cannot exceed the c	•	be maintaining satisfactory academic
Academic Department use only	- Please complete the section bel	low:
This is to advise that the student whose	name is indicated above has a degree in	1
and has been admitted in a second degre	ee in	·
Please circle the semester stud	ent began second degree program:	
Fall 2019 Spring 2020	Summer 2020 Other:	·
Total hours need to complete s	econd degree.	
Total hours transferred or alrea	ndy earned toward second degree.	
Total number of hours remaini	ng to complete second degree.	
Please attach a copy of stud	lent's Plan of Action - courses needed	to complete the degree(s)
COPY MU	JST BE ON DEPARTMENT LETTE	RHEAD
Example: Comp 160	Fundamental of Computer Sci	ence 3 hours
Academic Advisor, Chairperson or Dea	n's Signature	Date
	<u>-</u>	
Print Name	Te	elephone and Extension

MAIL OR FAX COMPLETED FORM TO:

NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY
OFFICE OF STUDENT FINANCIAL AID
1601 E. MARKET STREET
GREENSBORO, NORTH CAROLINA 27411
TELEPHONE: 336-334-7973 FAX: 336-334-7954