



**The Office of Financial Aid and Scholarships  
Second Degree Form 2023-2024**

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 complete the section below:**

This is to advise that the student whose name is indicated above has a degree in \_\_\_\_\_  
and has been admitted in a second degree in \_\_\_\_\_.

Please **circle** the semester student began second degree program:

**Fall 2023**      **Spring 2024**      **Summer 2024**      **Other:** \_\_\_\_\_

Total hours need to complete second degree. \_\_\_\_\_

Total hours transferred or already earned toward second degree. \_\_\_\_\_

Total number of hours remaining to complete second degree. \_\_\_\_\_

*Please attach a copy of student's Plan of Action - courses needed to complete the degree(s)*

**COPY MUST BE ON DEPARTMENT LETTERHEAD**

**Example: Comp 140                      Fundamental of Computer Science                      3 hours**

\_\_\_\_\_  
Academic Advisor, Chairperson or Dean's Signature                      Date

\_\_\_\_\_  
Print Name                      Telephone and Extension

**MAIL OR FAX COMPLETED FORM TO:**  
NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY  
THE OFFICE OF FINANCIAL AID AND SCHOLARSHIPS  
1601 E. MARKET STREET  
GREENSBORO, NORTH CAROLINA 27411  
TELEPHONE: 336-334-7973      FAX: 336-334-7954