



May Hall, Room 111  
 Financial Aid  
 Dickinson State University  
 291 Campus Drive  
 Dickinson, ND 58601-4896

Office Hours: 7:45 a.m. - 4:30 p.m. Monday - Friday  
 Phone: 1-800-279-4295 ext. 2371 or 701-483-2371  
 Fax: 701-483-2409  
 Web: www.dickinsonstate.edu  
 Email: dsu.financialaid@dickinsonstate.edu

## Second Bachelor's Degree Form

Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First) (Last) (Middle)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

You have indicated on your financial aid application that you have a bachelor's degree. You are eligible for federal financial aid only if:

- You are enrolling in undergraduate courses to receive a second bachelor's degree, or
- You are enrolling in undergraduate courses in preparation for a graduate program, or
- You are enrolling in a teacher certification program.

Please note that if you are completing work for a second major you are **NOT** eligible for federal financial aid.

Students who have a bachelor's degree are not eligible for grant such as Federal Pell Grant, SEOG, or State Grant. Students who meet the requirements listed above may be eligible for loan programs only.

**The Plan of Study, located on the next page, must be completed with your advisor and submitted with this form.**

I have \_\_\_\_\_ credits left to earn prior to receiving this second degree/teacher certification.

I should complete the program requirements specified above for a second degree/teacher certification by: \_\_\_\_\_(Date)

**By signing this request, you agree to enroll in only the courses needed for this second degree/teacher certification.**

\_\_\_\_\_  
 Student Signature Date

**Have Academic Records complete this section and return the signed form to the Financial Aid Office.**

- The student has a bachelor's degree in (specify degree here) \_\_\_\_\_ and is completing work for a : degree (specify degree here) \_\_\_\_\_
- The student is completing work in preparation for a graduate program (specify program here) \_\_\_\_\_
- The student is enrolled in a teacher certification program (specify program here) \_\_\_\_\_

\_\_\_\_\_  
 Academic Records Signature Date

\_\_\_\_\_  
 Financial Aid Officer Signature Date

# Plan of Study

<b>TERM</b>	<b>Subject &amp; Catalog # (i.e ENGL 300)</b>	<b>CREDIT HOURS</b>
Fall		
Spring		
<b>TERM</b>	<b>Subject &amp; Catalog # (i.e ENGL 300)</b>	<b>CREDIT HOURS</b>
Fall		
Spring		
<b>TERM</b>	<b>Subject &amp; Catalog # (i.e ENGL 300)</b>	<b>CREDIT HOURS</b>
Fall		
Spring		
<b>TOTAL CREDITS:</b>		

***By signing here, I have reviewed and agree that the above classes will fulfill the requirements for the specified degree.***

\_\_\_\_\_  
Advisor/Other Official Name (Please Print)

\_\_\_\_\_  
Academic Unit/Department

\_\_\_\_\_  
Advisor/Other Official Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email