



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. 2 or 701-502-4407
 Fax: 701-483-2409
 Web: www.dickinsonstate.edu
 Email: dsu.financialaid@dickinsonstate.edu

Second Bachelor's Degree Form

Name: _____ EMPLID: _____ Date of Birth: _____
(Last) (First) (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 grants 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

TERM	Subject & Catalog # (i.e ENGL 300)	CREDIT HOURS
Fall		
Spring		
TERM	Subject & Catalog # (i.e ENGL 300)	CREDIT HOURS
Fall		
Spring		
TERM	Subject & Catalog # (i.e ENGL 300)	CREDIT HOURS
Fall		
Spring		
TOTAL CREDITS:		

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