

VALLEY CITY STATE UNIVERSITY FINANCIAL AID OFFICE
PREVIOUS BACHELOR'S DEGREE FORM
(form is not for Graduate study applicants)

101 College Street SW
Valley City, ND 58072

(701) 845-7412
Fax: (701) 845-7410

WHEN APPLYING FOR ADMISSION, YOU MUST APPLY AS 'DEGREE SEEKING' AND ALL TRANSCRIPTS MUST BE SUBMITTED.

Date: ___/___/20___ SS# (last four digits) _____ ID# _____

Student Name: _____ (Please print)

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 (you can't get two degrees - example: two Bachelor of Science degrees from the same school), or
- You are enrolling in a teacher certification/endorsement program (necessary for an elementary or secondary school teaching credential or certification) and 'required' by the state in which you plan to teach.
- You are enrolling in undergraduate courses in preparation for a graduate program, or

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.

___ I currently have a bachelor's degree in (specify degree here) Bachelor of _____ in _____

From _____ And am now completing work for a second degree

(specify here) _____ in _____ from VCSU.

___ I am enrolling in a teacher certification/endorsement (circle one) program with plans to teach in the state of _____

_____ which requires the certification/endorsement to teach (documentation from the state regarding requirements must be attached).

___ I am completing work in preparation for a graduate program from _____ in _____

(specify program here) _____ attach documentation from grad school of requirements.

By signing this request you agree to enroll in only those courses needed for above requirement.

Student Signature: _____ Date: ___/___/20___

The following must be attached with this form before submitting to your Advisor/Department Chair:

1. A list of courses and credits required to complete

Anticipated program completion date: _____ (month), 20___

Department Chair/Advisor _____ Date _____

Financial Aid Officer: _____ Date _____