

Second Degree Declaration

Name (please print) _____
(Last) (First) (Middle)

Student Number: _____

Chosen Second Degree: _____ Completion Date: _____

Primary or Prior Degree: _____ Completion Date: _____

Prior degree received from: _____

Present this form to your academic advisor along with an official transcript noting your primary or prior degree.

List only those courses and credits being used to fulfill the requirements of your second degree (as determined by your advisor). *These credits must equal or exceed 25% of the overall credits required for this degree and cannot duplicate courses used on your primary or prior degree.*

This form must be submitted to the Degree Services Office, Room 130A Administration Building, by your academic advisor no later than Wednesday of the second week of the term of enrollment for this degree.

Course	Cr	Course	Cr	Course	Cr	Course	Cr		
				Degree Services Use Only					
				System entry: SGASTDN _____ SHADEGR _____					
				SZADEGR _____					
				Total Credits Required: _____ Credits Completed _____					
				Validated by: _____ Date: _____					

Student Date

Academic Advisor Date