Degree Certification

Name ____________________________________________ Student ID ______________________________

Address _____________________________________________________________________________________________________________________

Phone ____________________________________________ E-mail ________________________________________________________________

Degree(s) received
☐ Bachelor of Arts (BA)        ☐ Bachelor of Fine Arts (BFA)        ☐ Bachelor of Music (BM)        ☐ Other____________________
☐ Bachelor of Science (BS)    ☐ Bachelor of Science in Nursing (BSN)    ☐ Bachelor of Social Work (BSW)

College/University ____________________________________

Degree Plan: I will enroll/am enrolled in the following program of study:
☐ Additional Degree (Must be a different designation than a prior degree. See the MSUM Bulletin for requirements.)

☐ Bachelor of Arts (BA)        ☐ Bachelor of Fine Arts (BFA)        ☐ Bachelor of Music (BM)        ☐ Other____________________
☐ Bachelor of Science (BS)    ☐ Bachelor of Science in Nursing (BSN)    ☐ Bachelor of Social Work (BSW)

☐ Certificate in:____________________________________________________ (Some certificate programs are ineligible for Federal Student Aid.)

☐ Undergraduate coursework preparing for a graduate program in __________________________ at ____________________________.

☐ Additional major/minor (Eligible for private loans only) Major __________________________________________________________________________

Enrollment plan: I will enroll in the following courses to complete the program. (If the enrollment is more than four terms, continue on the back.)

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I will complete the program:  ☐ Fall  ☐ Spring  ☐ Summer  Year __________

Academic Advisor _____________________________  Academic Advisor Signature __________________________  Date ____________

Student Signature ____________________________________________  Date __________

Reviewed by/date ___________________________  Approved Y N Through _____  Credits ______ Total Credits ______

More information requested/date ____________________________

Coded by/date ___________________________  Cohort ____________________________

RETURN THIS COMPLETED AND SIGNED WORKSHEET TO:
Minnesota State University Moorhead • Office of Scholarship and Financial Aid • MSUM Box 90 • 1104 7th Avenue South • Moorhead, MN 56563
218.477.2251 • Fax: 218.477.2058 • E-mail: finaid@mnstate.edu

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