

REQUEST FOR FINANCIAL AID FOR SECOND ASSOCIATE DEGREE

Student's Name _____ SS# _____

Previous degree awarded _____ Date _____

Degree being sought _____ Date _____

Reason for seeking 2nd Associate Degree

Attach a degree audit from Admissions.

List each remaining class required for your 2nd Associate degree and identify which classes you plan to enroll in the upcoming semester.

Please read and sign.

I understand that if it is determined that I am eligible for financial aid, that to remain eligible, I

- Must only enroll in classes required for the 2nd Associate degree;
- Must complete each course with a "C" or better; and
- Cannot withdraw from any course in which I enroll and am awarded aid.

If I do so, I will lose financial aid eligibility at MSCC.

Student's Signature

Date

Approved by: _____