2nd Bachelor Degree Form
Office of Student Financial Aid
Mike Loya ASB Room 204
Phone: (915) 747-5204
Fax: (915) 747-5631

Student’s Name: _____________________________________
Student’s I.D.: ______________________________________
Degree Type: _______________________________________
New Major: _________________________________________
New Minor: _________________________________________
Entry Term: ___________ Year: ___________
Total hours required for 2nd bachelor: _____________
Hours left to complete 2nd bachelor: ______________________
Hours from 1st bachelor being applied to 2nd bachelor (include transfer hours):
_________________________
Advisor’s Name: _________________________________
Advisor’s Signature: _____________________________
Advisor’s Phone number: ___________________________
Advisor’s email address: ___________________________
Date: __________________________________________