



Student Name: _____ SSN: _____

Previous degree awarded: _____ Date: _____

Degree being sought: _____ Date: _____

Reason for seeking second Associate degree:

Attach a degree audit from Admissions.

List each remaining class required for your second Associate degree and identify which classes you plan to enroll in during 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 second Associate degree;*
- *Must complete each course with a "C" or better;*
- *Cannot withdraw from any course in which I enroll and am awarded aid.*

If I do so, I will lose financial aid eligibility at ASU Mid-South.

Student's signature: _____

Date: _____

Approved by: _____