

Post-Baccalaureate Status Update

Name:

NSU ID:

Address:

Phone:

Semester: (Circle) Spring / Summer / Fall

Year: _____

Please indicate your primary campus location. Circle ONLY ONE of the following:

Tahlequah / Muskogee / Broken Arrow

Are you seeking a second bachelor's degree?

Yes / No

If yes, Major:

Concentration (if applicable):

Are you seeking teacher certification, professional health certificate, program prerequisites or other?

Yes / No

Signature: _____

Date: _____

Not all programs are eligible for federal financial aid. If you have questions, contact Student Financial Services at financialaid@nsuok.edu.

Return this completed form to the Office of the Registrar by mail to 701 N. Grand Ave., Tahlequah OK 74464, by fax to 918-458-9638, or you may scan the completed form and email it to registrar@nsuok.edu.

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