

REQUEST FOR SECOND DEGREE OR CHANGE OF MAJOR

Requesting:	☐ Second Degree	☐Third Degree	☐ Change of Major	
Name			ID#	
Prior Degree/Majo	or:		Grad Date:	
Degree Received F	rom:			
Note: It is your resp office at NEO.	onsibility to submit official	copies of all transcripts fro	om previous schools to the Admissio	ns
		ION BELOW AND ATTACH A C MISSIONS FOR REVIEW BY TH	OPY OF YOUR DEGREE AUDIT TO THIS F E REGISTRAR.	ORM.
New Degree		DAA	A □ AS □ AAS □ Certificate	
New Major		Estim	ated Grad Date	
Total # of hours requir	ed for degree/major:		For Fin Aid Office use only	
Total # of hours comp	eted toward degree/major:		Date Approved:	
Hours remaining to co	mplete degree/major:		Approved By:	
	= -		or courses included on the attached I hours and will not be covered by	d
Student:			Date:	
Advisor:		Ext: _	Date:	
Registrar:		Ext: _	Date:	