Please complete in blue or black ink.

Student Name: ____________________  ECU Banner ID: ____________________

According to ECU records you are working on a second undergraduate degree. Please have your advisor or department chair provide the following information:

1. Did student receive first Bachelor’s degree at ECU?
   - [ ] Yes
   - [ ] No

2. ______ Total number of hours required to traditionally earn this degree.
   -- ______ Number of hours this student has remaining to earn this degree.
   = ______ Number of credit(s) from student’s first undergraduate degree work that will count toward student’s second undergraduate degree.

________________________________________________________  __________________________
Academic Advisor/ Department Chair Signature                  Date

________________________________________________________
Academic Advisor/ Department Chair Printed Name

________________________________________________________
Department

________________________________________________________
Phone Number

Due to Federal Privacy Regulations regarding email and the protection of your personal information, we urge you to send documents to our secure FAX at 252-328-4347 or mail all documents to Office of Student Financial Aid, MS510, East Carolina University, Greenville, NC 27858. For materials that may contain a social security number, please cover or remove all but the last four digits. For materials with the date of birth, please cover or remove the year. If you have any questions, please contact our office at 252-328-6610.

24-25 Second Degree Form
Rev. 1/2024