

Post-Baccalaureate Status Update

Name: _____

NSU ID: _____

Address: _____

Phone: _____

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

Are you pursuing a degree and/or certificate program through the College of Extended Learning (CEL)?

Yes

No

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.