

**DEG20** 

**OSU Banner ID** 

Please Use Black or Blue Ink	("A plus 8 digits)								
Student Name:	Α								
To determine your financial aid eligibility, we must clarify your degree plans further action will be taken on your financial aid application, including the requested information. If you have questions about this requirement contact our office.	disb	urse	men	t of	fund	ls, ur	ntil w	e ha	ave
Degree Information: (Be sure the OSU Registrar has the correct graduation	n date	e for	you.)	)					
Degree* being completed:  ☐ 1st Bachelor's degree ☐ Teaching certificate ☐ Doctoral degree ☐ Approved graduate certificate* ☐ Doctoral degree ☐ Doctoral degree ☐ Approved graduate certificate** ☐ Doctoral degree ☐ Completed: ☐ 2nd Bachelor's degree ☐ Master's degree ☐ Veterinary Medicine (DVI	M)								
Expected Graduation Date: Month: Year:									
*Students classified as "non-degree seeking" by the OSU Registrar or Gradu for federal aid. If you're pursuing Teacher Certification, an approved** gradu required for admission to a graduate program, please schedule an appointment of the control	uate o ent v	certif vith a	icate, a finai	, or p ncial	ore-re aid	equis coun	site c	ours	
** Approved <b>graduate certificate</b> programs (reviewed and approved for final U.S. Department of Education) can be found at <a href="https://financialaid.okstate.">https://financialaid.okstate.</a>						ie			
Certification/Signature: By signing this form, I certify that all the information reported to qualify for federa you purposely give false or misleading information on this worksheet, you or both.									
Student's Signature (electronic signature not acceptable)  Date									

## Return to:

Office of Scholarships and Financial Aid 119 Student Union, Stillwater, OK 74078-5061

Fax: (405) 744-6438 (if you fax, please do not mail the form)

Questions?

Email: finaid@okstate.edu Phone: (405) 744-6604 Web: financialaid.okstate.edu