



**Second Bachelors Program of Study**  
(UNDERGRADUATE DEGREE PROGRAMS)

Missouri University of Science and Technology  
Office of the Registrar

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Name \_\_\_\_\_ Student ID \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

The following courses will be required to complete a Second Bachelor of Science/Arts (circle one)  
Degree in\_\_\_\_\_. All students must complete Senior Assessment.

Courses	Credit Hours
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____

Total Hours \_\_\_\_\_

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Vice Provost and Dean Signature