Office of Student Financial Aid



500 W. University Avenue, Mike Loya Academic Services Building, Room #204 El Paso, Texas 79968 PH: (915) 747-5204 FAX: (915) 747-5631

STATEMENT OF ACADEMIC INTENT- 2024-2025

Student's Last Name First Name	Middle Initial	UTEP ID Number
Student's Primary Phone	Student's Email Address	Student's Date of Birth
rder to be eligible for financial aid, students must egree-eligible program). Post-Baccalaureate, tran ses do not qualify for financial aid.		
se note that completing this form does not guara iired documentation to the Office of Student Finar		e and return this form along with all
Semester to begin new program: _		
Seeking a 2 nd Bachelor's or a Master' If so, which degree? *	Ys. Pursuing a	Certificate? If so, which one?
Taking Pre-requisites for a UTEP Masters' program, if so, which program? **	Taking cou	rses to improve GPA?
	Taking Prof	essional Improvement courses?
Your student status must be indicated academic record with the Admissions from your Academic Advisor.	d as "2 nd Bachelor's" or "Master's" s	
academic record with the Admissions from your Academic Advisor. Pre-requisite students - Please initi Attach a letter from your academic de- program of study that you still need to	d as "2 nd Bachelor's" or "Master's" s office. Please submit an officia al below: epartment outlining your specific re	al degree evaluation equired pre-requisites for your
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