

**MA Funds - Declaration of No Degree Status
2024-2025
Reconnect, MassGrant Plus Expansion, Nursing**

Student Name: _____ Student ID _____

Have you attended any other college or university and/or received other college/university credits? Yes No

This includes any college or university outside of the United States.

If **Yes**, list all colleges/universities below and, if known, number of credits completed at each institution

| College/University | If Known,# of Credits Completed | Type of Credential Earned |
|--------------------|---------------------------------|---------------------------|
| | | |
| | | |
| | | |

Have you completed an Associate or Baccalaureate (Bachelor's) Degree or its U.S. equivalent? Yes No Unsure

By signing below, I declare under the pains and penalties of perjury that the information above is true and accurate.

Student Signature

Date