

**Western Illinois University
Second Baccalaureate Degree Plan**

Instructions: Please complete this form and submit it to your academic advisor. **Date Submitted:** _____

1. NAME (Last)	(First)	(Middle)	2. WIU I.D. NUMBER
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3. PRESENT MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)	4. PHONE NUMBER
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5. Graduate of:	School(s)	Degree(s)	Year(s)
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6. Degree sought:	7. Major Field:
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COURSES										
Dept.	No.	Course Title	Hours	Grade		Dept.	No.	Course Title	Hours	Grade

Total Hours _____

Total Hours _____

NOTE: Only courses listed on Degree Plan qualify for financial aid.

DEGREE PLAN APPROVAL:

(CANDIDATE)

(DATE)

(ADVISOR)

(DATE)

(DEPARTMENT CHAIRPERSON)

(DATE)

(TEACHER LICENSURE OFFICER--IF APPLICABLE)

(DATE)

Please return the completed form to the Registrar's Office (110 Sherman Hall).