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**
3. PRESENT MAILING ADDRESS (Street)	**(City)**	**(State)**	**(Zip Code)**	**4. PHONE NUMBER**
5. Graduate of: School(s)		**Degree(s)**		**Year(s)**
6. Degree sought:		**7. Major Field:**		

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 CERTIFICATION OFFICER--IF APPLICABLE) **(DATE)**

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