

**Western Illinois University  
Second Baccalaureate Degree Plan**

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

<b>1. NAME (Last)</b>	<b>(First)</b>	<b>(Middle)</b>	<b>2. WIU I.D. NUMBER</b>
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<b>3. PRESENT MAILING ADDRESS (Street)</b>	<b>(City)</b>	<b>(State)</b>	<b>(Zip Code)</b>	<b>4. PHONE NUMBER</b>
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<b>5. Graduate of:</b>	<b>School(s)</b>	<b>Degree(s)</b>	<b>Year(s)</b>
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<b>6. Degree sought:</b>	<b>7. Major Field:</b>
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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.**

FOR OFFICE USE ONLY

**DEGREE PLAN APPROVAL:**

(CANDIDATE)	(DATE)
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(ADVISOR)	(DATE)
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(DEPARTMENT CHAIRPERSON/SCHOOL DIRECTOR)	(DATE)
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(TEACHER LICENSURE OFFICER--IF APPLICABLE)	(DATE)
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Please return the completed form to the Registrar's Office (110 Sherman Hall).  
r-office@wiu.edu