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)	(City) (State) (Zip Code)			4. PHONE NUMBER		
5. Graduate of: School(s)				Degree	(s)		Year(s)		
6. Degree	sought:			7. Maio	or Field:				
- 8	-				IRSES				
Dept.	No.	Course Title	Hours	Grade	Dept.	No.	Course Title	Hours	Grade
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		Total Ho	urs				Total Hour	's	
NOTE: C	Only courses	s listed on Degree Plan qualify	for financial	aid.			FOR OFFICE LIGE	ONLY	_
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(CANDIDATE)				(D. 4 FFF					
(CALIDIDATE)				(DATE)					
(ADVISOR)				(DATE)					
				· ·					
(DEPARTMENT CHAIRPERSON)				(DATE	E)				
(TEACHER LICENSURE OFFICERIF APPLICABLE)				(DATE	<u> </u>				
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Please return the completed form to the Registrar's Office (110 Sherman Hall).