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Student ID (E Number)

Last Name

First Name

SECOND BACCALAUREATE

TO: **Department Chairperson**

FROM: **Office of Financial Aid & Scholarships**

SUBJECT: **Second Baccalaureate Degree Requirements**

I, _____, give permission to the Chair of the Academic Department from which I will obtain my second baccalaureate degree to complete the information below and return this form to the Office of Financial Aid at EIU.

THIS SECTION TO BE COMPLETED BY THE DEPARTMENT CHAIR

In order to determine financial aid eligibility for the student named above who is obtaining a second baccalaureate degree, this office must know the number of cumulative hours the student already has toward the requirements necessary to obtain the second baccalaureate degree. *Example: 120 total hours to obtain the degree minus the number of hours you have determined student needs to complete the degree requirement = cumulative hours toward this student's second BA.*

2nd Baccalaureate Degree

I have accepted _____ cumulative hours toward this student's second baccalaureate degree.

PRINTED NAME OF DEPARTMENT CHAIRPERSON

SIGNATURE OF DEPARTMENT CHAIRPERSON

DATE

DEPARTMENT CHAIR: Complete and submit this for to our office in person (Student Services Building East Wing), via email at finaidverification@eiu.edu or by fax at 217-581-6422.

