Post-Baccalaureate Course Plan



Submit to: Financial Aid and Scholarship Office Swen Parson Hall 245 DeKalb, IL 60115

NIU Student Information:	For scanning purposes, use	black or blue ink to comp	plete this form.	
NameLast Name	First		Z-ID	
A. To be completed by Acad	lemic Advisor/Advisi	ng Dean:		
Student's current major/program	:			
Advisor/Dean:				
Maximum Timeframe: A student credit hours needed to earn a specompletion, excluding courses not	ecific degree. The progra ecessary for double majo pleted based on the <u>deg</u> s required for a degree o ent has not yet applied fo	am length must be to ors or minors/certificons or minors/certificons or certificate program	the shortest path to descates. dent is admitted. n, the student is no lon	gree ger eligible
Total Credits E	arned prior to current	degree/program		
Total Cred	dits needed to compl degree/program	ete current		
An	ticipated Completion T	erm		
B. Dean/Advisor Signature: (Pi	ease print this form and	then sign.)	,	_
Signature			Date	

C. To be completed by Financial Aid and Scholarship Office:

Α	Credits earned prior to current degree/program	
В	Total Credits needed to complete current degree/program	
С	150% of current degree/program = 1.5 x (B)	
D	New Maximum Timeframe = A+C	

FA Postbacc 12/19