

Name: _____

Student ID: _____



Department of Education • Semester Planning Sheet

Autumn Semester <input type="checkbox"/>			Spring Semester <input type="checkbox"/>			Summer <input type="checkbox"/>		
Rubric	Number	Credits	Rubric	Number	Credits	Rubric	Number	Credits
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
Autumn Semester <input type="checkbox"/>			Spring Semester <input type="checkbox"/>			Summer <input type="checkbox"/>		
Rubric	Number	Credits	Rubric	Number	Credits	Rubric	Number	Credits
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
Autumn Semester <input type="checkbox"/>			Spring Semester <input type="checkbox"/>			Summer <input type="checkbox"/>		
Rubric	Number	Credits	Rubric	Number	Credits	Rubric	Number	Credits
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
Autumn Semester <input type="checkbox"/>			Spring Semester <input type="checkbox"/>			Summer <input type="checkbox"/>		
Rubric	Number	Credits	Rubric	Number	Credits	Rubric	Number	Credits
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

I have made a preliminary plan of study and understand that I am responsible for this plan. I will review the courses listed above and confirm that I am meeting the degree and university requirements as stated in the MSU Course Bulletin. I have been informed of the steps necessary to apply to the Teacher Education Program and understand that I will not be admitted without meeting all requirements. I will meet with my education and subject area advisor each semester to review my plan of study.

Student Signature Date

Advisor Signature Date