

HARDING

U N I V E R S I T Y

CURRICULUM PLAN FOR ADMISSION TO TEACHER EDUCATION PROGRAM P.O. Box 12254, Searcy, AR 72149-2254

Name _____ Date _____

Major _____ Licensure Area _____

Beginning with courses you are taking now, fill in all of the remaining courses you plan to take to certify to teach. Clearly indicate which semester you expect to do your student teaching.

Fall _____

Spring _____

Summer _____

Fall _____

Spring _____

Summer _____

Student's Signature _____ Date _____

Expected Graduation Date _____

*Academic Advisor's Signature _____ Date _____

ATTENTION CANNON – CLARY COLLEGE OF EDUCATION ADVISORS: Attach copy of curriculum worksheet.

*Your signature indicates your approval for this student to be admitted to the Teacher Education Program.

Form E