

# 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**