



Long Term Planning Form: Admission to Education

Student's Last Name, First Name, Middle Initial _____ Net ID _____ Date _____

Major _____ Education Minor (e.g., Elementary) _____ Education Advisor's Name _____

Check one: Undergraduate Student Post-Baccalaureate Student

Semester: _____ Year: _____ <u>Course</u> <u>Credit Hours</u> _____ _____ _____ _____ _____ _____ Total Hours: _____	Semester: _____ Year: _____ <u>Course</u> <u>Credit Hours</u> _____ _____ _____ _____ _____ _____ Total Hours: _____
Semester: _____ Year: _____ <u>Course</u> <u>Credit Hours</u> _____ _____ _____ _____ _____ _____ Total Hours: _____	Semester: _____ Year: _____ <u>Course</u> <u>Credit Hours</u> _____ _____ _____ _____ _____ _____ Total Hours: _____
Semester: _____ Year: _____ <u>Course</u> <u>Credit Hours</u> _____ _____ _____ _____ _____ _____ Total Hours: _____	Semester: _____ Year: _____ <u>Course</u> <u>Credit Hours</u> _____ _____ _____ _____ _____ _____ Total Hours: _____