

COURSE PLANNING SHEET - Center for Teacher Education

Student's Name: _____
Education Advisor's Signature: _____
Date: _____

Licensure Program: _____
Content Advisor's Signature: _____
Date: _____

rev. 8.14

Fall _____	Spring _____	Summer _____	Notes:

Fall _____	Spring _____	Summer _____	Notes:

<i>Fall</i> _____	<i>Spring</i> _____	<i>Summer</i> _____	<i>Notes:</i>

<i>Fall</i> _____	<i>Spring</i> _____	<i>Summer</i> _____	<i>Notes:</i>

<i>Fall</i> _____	<i>Spring</i> _____	<i>Summer</i> _____	<i>Notes:</i>