

MANSFIELD UNIVERSITY
TENTATIVE PLANS FOR COMPLETING PROGRAM REQUIREMENTS

NAME: _____ DATE _____

EXPECTED DATE OF GRADUATION _____ ACADEMIC MAJOR _____

Directions:

On the outline that follows, enter your plans (**in pencil**) for the completion of program requirements from this semester to completion. Fill in fall, spring semester or summer session before the 20 and year following the 20.

Semester #1	20	Semester #2	20
Course Title	SH	Course Title	SH
Total Hours		Total Hours	
Semester #3	20	Semester #4	20
Course Title	SH	Course Title	SH
Total Hours		Total Hours	
Semester #5	20	I have taken and passed the Praxis I tests and understand that I must register for the Praxis II tests <i>prior</i> to student teaching. (Be aware that passing Praxis II may be mandatory prior to student teaching)	
Course Title	SH		
		Student's Signature Date	
		Advisor's Signature Date	
Total Hours		MAKE AN APPOINTMENT WITH YOUR EDUCATION ADVISOR A.S.A.P.!	