

ACADEMIC PLAN / CREDIT CHECK FORM

Program and degree requirements will need to be fulfilled in order to be eligible to participate in a student teaching/ internship experience.

Name: _____ ID #: _____

Current Phone #: _____ Permanent Phone #: _____

Permanent Address: _____

Semester/Year of ST Placement: _____ Sem/Yr for ECE or _____ SPE: _____

Degree Program: Bachelor Masters Certification only—Area _____

Below, please record all majors and minors. Where applicable, please name a content area. For example, if you are certifying as an EA-A English major with an EA-A Spanish minor: for 1st major check EA-A and type English; and for 1st minor check EA-A and type Spanish.

1st Major: _____	EC-MC <input type="checkbox"/>	MC-EA <input type="checkbox"/>
	EA-A <input type="checkbox"/>	EC-A <input type="checkbox"/>
2nd Major: _____	EC-MC <input type="checkbox"/>	MC-EA <input type="checkbox"/>
	EA-A <input type="checkbox"/>	EC-A <input type="checkbox"/>
1st Minor: _____	ECE <input type="checkbox"/>	MC-EA <input type="checkbox"/>
	EA-A <input type="checkbox"/>	
2nd Minor: _____	ECE <input type="checkbox"/>	MC-EA <input type="checkbox"/>
	EA-A <input type="checkbox"/>	

Name any additional emphasis/concentration: _____

LIST COURSES NOT YET COMPLETED (do not include courses in progress):

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FOR OFFICE USE ONLY

General Ed. work completed? _____ Core/Professional Ed. courses completed? _____

Describe any deficiencies:

Cumulative GPA _____

Major 1 GPA _____ Minor 1 GPA _____ Concentration 1 GPA _____

Major 2 GPA _____ Minor 2 GPA _____ Concentration 2 GPA _____

Approved for Student Teaching/Internship/Practicum Experience.

Signature: _____ Date: _____

Certification Officer