

**SCHOOL OF EDUCATION
PROGRAM COMPLETION COURSE PLAN**

LAST NAME: _____ FIRST NAME: _____ MI: _____

SID: _____ PROGRAM (CIRCLE ONE): UNDERGRADUATE POST-BA

TERM BEGINNING (CIRCLE ONE): FALL SPRING SUMMER YEAR: _____ EMPHASIS: _____

A. **REQUIREMENTS REMAINING:** For the section below, use your Program of Studies Checklist to determine what requirements/courses you have to complete in order to be eligible for student teaching. If you need to satisfy basic skills, be sure to include account for that in the liberal arts deficiencies section below.

LIBERAL ARTS/CONTENT AREA DEFICIENCIES:

COURSE/REQUIREMENT	HOURS

TOTAL DEFICIENCY HRS: _____

EDUCATION COURSE REQUIREMENTS:

COURSE	HOURS	COURSE	HOURS
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

TOTAL EDUCATION HRS: _____

B. **COMPLETION ESTIMATE:** For the section below, add the total deficiency hours to the total Education hours. The sum will help you to estimate how many semesters it will take you to complete the program.

- ❖ If you plan to attend **full-time** and have **no deficiencies** to complete, then you may complete the program in three fall/spring semesters.
- ❖ If you plan to attend **full-time** and have **no more than 9 hours of deficiencies**, then you may complete the program in three fall/spring semesters plus one summer.
- ❖ If you plan to attend **full-time** and have **12 hours or more of deficiencies**, then you should add one fall/spring semester per 12 hours of coursework to the initial three fall/spring semester estimate.
- ❖ If you plan to attend **part-time**, then your estimate will vary by credit load managed. Your minimum will depend entirely on your ability to enroll in additional credit hours up to full-time status.

Your Estimate: BEGIN PROGRAM IN _____ YEAR: _____

 COMPLETE PROGRAM IN _____ YEAR: _____

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C. **COMPLETION PLAN:** Fill in the courses you will take by semester through to the student teaching semester. Review the courses filled in above and take into account pre/co-requisite information found on your program of studies checklist. You may also use the CU-Boulder General Catalog for help with semester hours limits. To find the Catalog online, go to <http://www.colorado.edu/catalog/>. If your plan will take longer than six semesters, then fill in what you can.

YR / SEM	YR / SEM	YR / SEM
HRS:	HRS:	HRS:

YR / SEM	YR / SEM	YR / SEM
HRS:	HRS:	HRS:

I have completed this form to the best of my ability, using my Program of Studies Checklist and the Advising Handbook for guidance. As of this date, this is my program completion course plan.

SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY

ADVISOR APPROVAL: ACCEPT ACCEPT WITH CHANGES

My signature verifies that this plan will fulfill course requirements for this student's teacher education program

ADVISOR SIGNATURE: _____ **DATE:** _____