Murray State University - College of Education - Teacher Education Program Professional Growth Plan and Request Permission to Enroll in Education Classes Fall ____ Spring__ Summer___

Student Name	M#	Major	ST Sem Fall/Spring
# Hrs Completed	# Prof Ed Hours Completed _		
Permission for Upper Level Cou	or 60	Hour Rule	
I am not admitted to the Teache	r Education program because I:	(Check any that apply)	
 Need to attend an Adn Have a low GAP (Gen Have a low GPA (Grad Need to complete and s Need to complete and s Need to complete and s A "B" or bette A "C" or bette A "C" or bette A "C" or bette A "C" or bette Need to complete and s Have met all requirement	contact to Teacher Education Or eral Academic Proficiency Score) de Point Average) Submit Individual Interview with submit Declaration of Eligibility meet grade requirements for the form in ENG 101 or ENG 102 qt 'GP er in MAT 117 or approved higher in COM 161 Ear in EDU 103 / CTE 200 / AED 3 submit Application for Admission to Teacher waiting for Admission to Teacher and Academic Profits and and Acade	Academic Advisor (yello for Certification (pink for llowing course(s): I '327 r level math course 880 / MUS123 / ELE 605 n to Teacher Education (gacher Education Committee	green form)
detailed specifics as to how the	student will attain each goal. Add ATTACH COPY O	itional space is available or F YOUR SCHEDULE.	teps. All steps must be listed with a the reverse side of the page.
			Date to be completed:
			Date to be completed:
5			Date to be completed:
to the Teacher Education prog courses will not count toward admitted to teacher education	gram, I understand that I will no a minor or other degree require prior to 9/1/12.	dmitted to the Teacher Ed t be allowed to student te ment. I also understand t	lucation program. If I am not admitted ach in Spring/Fall 20and these hat to use the above criteria I must be
Contact information: (local)	(email)		Date (cell)
I have discussed the informaticompleting these requirement the Teacher Education progra	on listed above with the student s. We have developed this plan to m prior to 9/1/12.	and made him/her aware o assist the student in med	of his/her individual responsibility in eting the requirements for admission to
Signea (aaviser)		E	xt:Date
Plan of	To be completed by To Action is approved:	eacher Education Services Plan of Action	
Plan of Action will be returne	d to the student for revision to in	aclude the following:	

Chair of Department

Date

Date

Director, TES