

Academic Advisor:						School Year:					
Summer						Repeated Attempts (if applicable)					
Course Code	Course Description	Cr	Grade	Sem	Year	Grade	Sem	Year	Grade	Sem	Year
EDU 120	Physical Education	3									
**ENG 228	Language and Linguistics for Teachers	3									
Recommended Total Credit Hours		6									
Mid Sem GPA _____ Semester GPA _____ Cumulative GPA _____											
Probationary Status <input type="checkbox"/> No <input type="checkbox"/> Yes [Semester <input type="checkbox"/> or Cumulative <input type="checkbox"/>]											
Program Change: <input type="checkbox"/> No <input type="checkbox"/> Yes [Previous Program _____ New Program _____] Date: _____											
Application for Degree Completion/Graduation: <input type="checkbox"/> No <input type="checkbox"/> Yes Response: <input type="checkbox"/> No <input type="checkbox"/> Yes If you've done 31 credits or more											
ADVISING											
Date (mm/dd/yr)	Advisor's Signature					Comment/s					

** for courses requiring prerequisites

Academic Advisor:						School Year:					
Year II			Semester III			Repeated Attempts (if applicable)					
Course Code	Course Description	Cr	Grade	Sem	Year	Grade	Sem	Year	Grade	Sem	Year
**EDU 225	Health and Family Life Education	3									
**EDU 233	Science Concepts and Methods for the Primary Classroom	3									
**SOC 150	Society and Culture in Belize and the Region	3									
**EDU 230	Language Arts Methods for Primary Grades I	3									
SPA 111	Intermediate Spanish	3									
**EDU 210	Managing the Regular and Multigrade Classroom	3									
Recommended Total Credit Hours		18									

Mid Sem GPA _____ Semester GPA _____ Cumulative GPA _____											
Probationary Status <input type="checkbox"/> No <input type="checkbox"/> Yes [Semester <input type="checkbox"/> or Cumulative <input type="checkbox"/>]											
Program Change: <input type="checkbox"/> No <input type="checkbox"/> Yes [Previous Program _____ New Program _____] Date: _____											
Application for Degree Completion/Graduation: <input type="checkbox"/> No <input type="checkbox"/> Yes Response: <input type="checkbox"/> No <input type="checkbox"/> Yes If you've done 31 credits or more											
ADVISING											
Date (mm/dd/yr)	Advisor's Signature					Comment/s					

Academic Advisor:		School Year:										
Semester IV						Repeated Attempts (if applicable)						
Course Code	Course Description	Cr	Grade	Sem	Year	Grade	Sem	Year	Grade	Sem	Year	
**EDU 234	Social Studies Concepts and Methods for the Primary Classroom	3										
**EDU 232	Language Arts Methods for the Primary Grades II	3										
**EDU 226	Spanish Methods for the Primary Classroom	4										
**EDU 238	Math Methods and Concepts for the Primary Classroom	4										
**ART 131, 132 or 133	Dance or Drama Education OR Music Education OR Visual Arts Education	3										
**THE 200 OPEN	Any 200 Level Theology Course	3										
Recommended Total Credit Hours		20										
Mid Sem GPA _____		Semester GPA _____				Cumulative GPA _____						
Probationary Status		<input type="checkbox"/> No <input type="checkbox"/> Yes [Semester <input type="checkbox"/> or Cumulative <input type="checkbox"/>]										
ADVISING												
Date (mm/dd/yr)	Advisor's Signature				Comment/s							

** for courses requiring prerequisites

Academic Advisor:						School Year:					
Summer						Repeated Attempts (if applicable)					
Course Code	Course Description	Cr	Grade	Sem	Year	Grade	Sem	Year	Grade	Sem	Year
Recommended Total Credit Hours											
Mid Sem GPA _____		Semester GPA _____		Cumulative GPA _____							
Probationary Status		<input type="checkbox"/> No <input type="checkbox"/> Yes [Semester <input type="checkbox"/> or Cumulative <input type="checkbox"/>]									
ADVISING											
Date (mm/dd/yr)	Advisor's Signature					Comment/s					

Academic Advisor:						School Year:											
Year III						Semester V						Repeated Attempts (if applicable)					
Course Code	Course Description	Cr	Grade	Sem	Year	Grade	Sem	Year	Grade	Sem	Year						
**EDU 291	Internship in Primary Education	9															
Recommended Total Credit Hours		9															
Mid Sem GPA _____		Semester GPA _____		Cumulative GPA _____													
Probationary Status		<input type="checkbox"/> No <input type="checkbox"/> Yes [Semester <input type="checkbox"/> or Cumulative <input type="checkbox"/>]															
ADVISING																	
Date (mm/dd/yr)	Advisor's Signature					Comment/s											