West Liberty State College
Teacher Education

Personal Plan of Study for YOUR NAME GOES HERE

Date: _____ Advisor's Signature: _____

Anticipated Term of Admission: _____

TERM:

Course	Credits	Field Hrs.

TERM:

Course	Credits	Field Hrs.

TERM:

Course	Credits	Field Hrs.

TERM:

Course	Credits	Field Hrs.

TERM:

Course	Credits	Field Hrs.

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Course	Credits	Field Hrs.

TERM:

Course	Credits	Field Hrs.