

**PLAN OF ACTION
for the TEACHER CANDIDATE**



"Educators who demonstrate scholarship within a Christian ethic of care"

Name _____ ID # _____
(Last) (First) (MI)

SWU Box No. _____ Email Address _____

Advisor _____ Date _____

Plan of Action for Admission Level: Lock I Lock II Lock III

Area(s) of Deficiency:

Plan of Action(s):

Scheduled Date of Completion: _____

Actual Date of Completion: _____
Dean, School of Education or Designee

Dean, School of Education or Designee Signature *Date*

Academic Advisor Signature *Date*

Coordinator of Teacher Education Signature *Date*

I understand that my failure to complete Praxis I, the Lock I Interview, or any part of a Plan of Action as of the date of notification may adversely affect my course schedule, as well as my date of graduation.

Student Signature *Date*