## PROGRAM PLANNING FORM

### AA Degree: EARLY CHILDHOOD EDUCATION

**Student Name**

**Phone**

**Student S #**

**E-mail**

**Transfer in Courses?** No

**From Where?**

**Planning to Transfer?** Yes

**To Where?**

**Catalog Year:**

<table>
<thead>
<tr>
<th>Course Number &amp; Title</th>
<th>Cr Hrs</th>
<th>Substituted or Transferred Course</th>
<th>Plan for Semester</th>
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<tr>
<td>ECE 101 Introduction to ECE</td>
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<td>ECE 102 ECE Lab Techniques</td>
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<td>ECE 188 ECE Field Based Experience **</td>
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<td>ECE 238 Child Growth and Development</td>
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<td>ECE 205 Nutrition, Health, Safety</td>
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<td>ECE 241 Administration: Human Relations</td>
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<td>ECE 260 Exceptional Child</td>
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**Student’s Signature** ___________________________ **Date** ____________

**Advisor’s Signature** ___________________________ **Date** ____________