

Fort Peck Community College

Advisor: _____

Advisor Phone: _____



_____ Credit Hours

Student Name: _____

Catalog Year: _____

First Semester (___ Hours)

Program Requirements	Credit	<input checked="" type="checkbox"/>	General Education Courses	Credit	<input checked="" type="checkbox"/>

Second Semester (___ Hours)

Program Requirements	Credit	<input checked="" type="checkbox"/>	General Education Courses	Credit	<input checked="" type="checkbox"/>

Third Semester (___ Hours)

Program Requirements	Credit	<input checked="" type="checkbox"/>	General Education Courses	Credit	<input checked="" type="checkbox"/>

Fourth Semester (___ Hours)

Program Requirements	Credit	<input checked="" type="checkbox"/>	General Education Courses	Credit	<input checked="" type="checkbox"/>

[P] = Pre-requisite required.