

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.