

**University of Arkansas
Community College at Morrilton
Department of General Education
Degree Options: Associate of General Studies**

Student ID: _____ Name: _____ Date: _____

Major: CGS AGS Catalog used for Graduation: _____ Expected Graduation: _____

If student is currently enrolled in a course, please enter semester/yr (ex. F20 or Sp21). If the course has been completed, enter the grade earned to the right of ✓.

Spring or Fall Start					
Semester 1					
Course ID	Course Title	Cr	Enrolled	Complete / Grade	
MATH XXXX	Math Course	3		<input type="checkbox"/>	
ENG 1013*	Composition I	3		<input type="checkbox"/>	
PSY 2003* OR SOC 2013* OR ECON 2453* OR ECON 2463*	General Psychology Introduction to Sociology Macroeconomics Microeconomics	3		<input type="checkbox"/>	
CIS 1013*	Introduction to Computers	3		<input type="checkbox"/>	
XXX XXX3	Elective in field of interest	3		<input type="checkbox"/>	
Credit Hours Semester 1: 15					
Semester 2					
					Completed Grad App – CGS <input type="checkbox"/>
Course ID	Course Title	Cr	Enrolled	Complete / Grade	
ENG 1023* OR ENG 2023*	Composition II Technical Communications	3		<input type="checkbox"/>	
XXX XXX3	Elective Approved by Advisor	3		<input type="checkbox"/>	
XXX XXX3	Elective Approved by Advisor	3		<input type="checkbox"/>	
XXX XXX3	Elective Approved by Advisor	3		<input type="checkbox"/>	
XXX XXX3	Elective Approved by Advisor	3		<input type="checkbox"/>	
Credit Hours Semester 2: 15					
Semester 3					
Course ID	Course Title	Cr	Enrolled	Complete / Grade	
XXX XXX3	Elective Approved by Advisor	3		<input type="checkbox"/>	
XXX XXX3	Elective Approved by Advisor	3		<input type="checkbox"/>	
XXX XXX3	Elective Approved by Advisor	3		<input type="checkbox"/>	
XXX XXX3	Elective Approved by Advisor	3		<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
Credit Hours Semester 3: 15					
Semester 4					
					Completed Grad App – AGS <input type="checkbox"/>
Course ID	Course Title	Cr	Enrolled	Complete / Grade	
XXX XXX3	Elective Approved by Advisor	3		<input type="checkbox"/>	
XXX XXX3	Elective Approved by Advisor	3		<input type="checkbox"/>	
XXX XXX3	Elective Approved by Advisor	3		<input type="checkbox"/>	
XXX XXX3	Elective Approved by Advisor	3		<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
Credit Hours Semester 4: 15					

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Academic Achievement Coursework (If required)

Course ID	Course Title	Cr	Enrolled	Complete / Grade		Course ID	Course Title	Cr	Enrolled	Complete / Grade
ACAD 0213	Reading	3		<input type="checkbox"/>						<input type="checkbox"/>
ACAD 0303	Basic Composition	3		<input type="checkbox"/>						<input type="checkbox"/>
ACAD 0421L	College Success	1		<input type="checkbox"/>						<input type="checkbox"/>
ACAD 0503	Fundamentals of Computers	3		<input type="checkbox"/>						<input type="checkbox"/>
ENG 0301L	Composition I Lab	1		<input type="checkbox"/>						<input type="checkbox"/>
MATH 0111L	Quantitative Literacy Lab	1		<input type="checkbox"/>						<input type="checkbox"/>
MATH 0803	Basic Algebra	3		<input type="checkbox"/>						<input type="checkbox"/>
MATH 0901L	College Algebra Lab	1		<input type="checkbox"/>						<input type="checkbox"/>
MATH 0903	Intermediate Algebra	3		<input type="checkbox"/>						<input type="checkbox"/>
Credit Hours :						Credit Hours:				

The plan above outlines a recommended sequence for completing the stated degree. Course offerings may change at the discretion of the Dean or the Vice Chancellor of Academic Services. By signing below, the student acknowledges being advised based on the above completion plan for this program.

Comments:

 Advisor (Print) Advisor's Signature Student's Signature