

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

Student ID: _____ Name: _____ Date: _____

Major: CGS 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

Academic Achievement Coursework (if required)				
Course ID	Course Title	Cr	Enrolled	Complete / Grade
ACAD 0213	Reading	3		<input type="checkbox"/>
ACAD 0301L	Composition I Lab	1		<input type="checkbox"/>
ACAD 0303	Basic Composition	3		<input type="checkbox"/>
ACAD 0421L	College Success	1		<input type="checkbox"/>
MATH 0111L	Quantitative Literacy Lab	1		<input type="checkbox"/>
MATH 0803	Basic Algebra	3		<input type="checkbox"/>
MATH 0901L	Intermediate Algebra Lab	1		<input type="checkbox"/>
MATH 0903	Intermediate Algebra	3		<input type="checkbox"/>
Credit Hours Semester 1: 15 hours				

Semester 1				
Course ID	Course Title	Cr	Enrolled	Complete / Grade
ENG 1013*	Composition I	3		<input type="checkbox"/>
MATH XXXX	MATH 1113,1203, or Higher	3-5		<input type="checkbox"/>
HIST 2003* OR HIST 2013* OR PSCI 2003*	U.S. History I	3		<input type="checkbox"/>
	U.S. History II			
	American Government			
ART 2003* OR MUS 2003* OR THEA 2003*	Art Appreciation	3		<input type="checkbox"/>
	Music Appreciation			
	Theatre Appreciation			
XXX XXX3	Directed Gen Ed Elective	3		<input type="checkbox"/>
Credit Hours Semester 1: 15 hours				

Semester 2				Completed Grad App – CGS <input type="checkbox"/>	
Course ID	Course Title	Cr	Enrolled	Complete / Grade	
ENG 1023*	Composition II	3		<input type="checkbox"/>	
BIO XXX4 OR PHY XXX4	Biological Science	4		<input type="checkbox"/>	
	Physical Science				
XXX XXX3	Directed Gen Ed Electives	8		<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
Credit Hours Semester 2: 15 hours					

Course ID	Course Title	Cr	Enrolled	Complete / Grade	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

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