

NORTHERN CHEYENNE TRIBAL EDUCATION DEPARTMENT
P.O. BOX 307
LAME DEER, MONTANA 59043

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PLAN OF STUDY

Student's Name _____

Social Security Number _____

Please list the courses the student will take for the next 3-5 semesters.

*Asterisk any repeat courses.

Freshman/Sophomore – 16 semester hours

Seniors/Juniors – 18 semester hours

*** PLAN OF STUDY MUST BE SIGNED BY THE STUDENT'S ADVIOR ***

Fall 20_____ Course	Cr.	Spring 20_____ Course	Cr.	Summer 20_____ Course	Cr.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total: _____		Total: _____		Total: _____	

Fall 20_____ Course	Cr.	Spring 20_____ Course	Cr.	Summer 20_____ Course	Cr.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total: _____		Total: _____		Total: _____	

CERTIFICATION: The above courses are requirements for the student's degree

Student's expected graduation date _____

College Major _____

Advisor's Signature _____

Date _____

Revised: 4/24/14