



Name: _____ SID: _____ Advisor: _____ Grad Date: _____

ACT, SAT or Compass test scores determine enrollment. Pass/Fail only.	MATH 0143 Math Fundamentals	0	1 st term	
	ENGL 0143 English Fundamentals	0	1 st term	
	READ 0143 Reading Fundamentals	0	1 st term	
	PHYS 0123 Science	0	1 st term	
REQUIREMENTS	COURSE NAME	HRS	SEMESTER	✓
SPECIALIZATION REQUIREMENTS 21 HOURS	MVSK 1123 Beginning Mvskoke Language	3	1 st or 2 nd term	
	MVSK 1133 Intermediate Mvskoke Language	3	1 st or 2 nd term	
	MVSK 2013 Advanced Mvskoke Language	3	3 rd term*	
	MVSK 2133 Conversational Mvskoke Language	3	3 rd term*	
	MVSK 2253 Mvskoke Practicum: Reading and Writing Mvskoke	3	1 st or 2 nd term	
	MVSK 2333 Mvskoke Literacy Project: Service Learning	3	3 rd term*	
	MVSK 2433 Mvskoke Practicum: New Speakers Practice	3	1 st or 2 nd term	
Certificate Total Hours		21		

The term to complete the course is not absolute and is only listed as a reference in scheduling a full-time course load for a beginning student. The term to complete the course is recommended in order to prepare students for successful completion of the certificate, but may not apply to all students and is not a requirement of the plan of study. * indicates a 3rd term as needed.

"I have access to and understand, I am responsible for knowing the policies and procedures of College of the Muscogee Nation as published in the current CMN Catalog concerning, but not limited to: student rights, registration, fees and billing, grades, degree requirements, graduation requirements, probation, and disciplinary action(s). I have been advised and I understand the courses listed on the Plan of Study are required to complete the CMN Certificate in Mvskoke Language and I will take courses that progress to the completion of this certificate."

Student Signature

Date

Program Coordinator Initials

"I have informed the student to read the CMN Catalog, and that this Plan of Study lists the courses required for completion of this certificate."

Advisor Signature

Date

PLAN OF STUDY APPROVAL	
_____ Academic Dean Signature	_____ Date

ORIGINAL – Academic Dean COPY - Student