

NORTHERN CHEYENNE TRIBE
TRIBAL EDUCATION DEPARTMENT

P.O. Box 307
LAME DEER, MONTANA 59043

(406) 477-6643

(406) 477-6602

(406) 477-6567

(406) 477-6770

PLAN OF STUDY

Student Name: _____ Soc. Sec. No. _____

Please list the courses the student will take. This requires your advisor's signature.

| Fall 200 _____ credits | Spring 200 _____ credits | Summer 200 _____ credits |
|------------------------|--------------------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| Fall 200 _____ credits | Spring 200 _____ credits | Summer 200 _____ credits |
|------------------------|--------------------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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

Expected graduation date: _____

College major: _____

Advisor's signature: _____

Date: _____

