University of Arkansas
Community College at Morrilton
Department of Department of Dietary Management
Degree Options: Certificate of Proficiency

Student ID: _____ Name: _____ Date: _____

Major: CP ☐ 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 ✓.

Fall Start

Academic Achievement (if needed)

Course ID	Course Title	Cr	Enrolled	Complete / Grade	
ACAD 0001	College Orientation	1		☐	
ACAD 0213	Reading	3		☐	
ACAD 0303	Basic Composition	3		☐	
ACAD 0421L	College Success	1		☐	
Credit Hours:					

Semester 1

Course ID	Course Title	Cr	Enrolled	Complete / Grade	
DIET 1002	Food Safety and Sanitation	2		☐	
DIET 1012	Managing Food Service Programs	2		☐	
DIET 1011L	Field Experience I*	1		☐	
Credit Hours Semester 1:		**5**			

Semester 2

Course ID	Course Title	Cr	Enrolled	Complete / Grade	
DIET 1113	Food Service Administration	3		☐	
NUTR 1503	Nutrition	3		☐	
DIET 1021	Field Experience II*	1		☐	
Credit Hours Semester 2:		**7**			

Semester 3 **Completed Grad App – CP** ☐

Course ID	Course Title	Cr	Enrolled	Complete / Grade	
DIET 1023	Diet Therapy	3		☐	
DIET 1031	Field Experience III	1		☐	
Credit Hours Semester 3:		**4**			

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