

Student Name:

FY:

Local Program Name: Business Management Entrepreneurship

Student Type:

Schedule Type:

Cohort/Block Number:

Campus

CTSO	Distance Education	HOURS: 8:00 AM-10:50 AM 12:00 PM-2:50 PM
DECA		ADDITIONAL BREAK/INTERSSION DATES:
Class Schedule:		Start Date:
		End Date:
Weeks of Instruction	OCAS Code: 9795	CIP Code: 52.0201
	CM Code: MK0016000	SOC Code: 11-2022

COURSE #	OCAS	ACAD & OHLAP	COURSES	THEORY	LAB	TOTAL	START DATE	END DATE	#DAYS	Grade	Notes
			Entrepreneurship I	100	200	300					
TOTAL HOURS				200	400	600					
TOTAL COMPLETED HOURS				200	400	600					

Comments:

In order to complete all hours of the academic program, students must complete additional ___ hours outside of the scheduled class time. Students will receive a written plan for these hours.

B & I Certifications		
Certification Name	Number	A-F?
Primary: Customer Service and Sales	0452	Y
Additional:		

SIGNATURES:

Student: _____

Instructor: _____

Coordinator: _____

Administrative: _____