

Student Name:

FY:

Local Program Name: Visual Graphic Design

Student Type:

Schedule Type:

Cohort/Block Number:

Campus: RVS

Offsite Location:

Block/Instructor(PID):

Block/Instructor(PID):

Class Schedule:
Day: _____
Hours: _____

Weeks of Instruction

CTSO	Distance Education	HOURS: 8:00-10:50 AM 12:00 -2:50 PM
SkillsUSA		ADDITIONAL BREAK/INTERSSION DATES:
		Start Date: End Date:
		SOC Code: 27-1024

OCAS Code: 9133	CIP Code: 50.0401	CM Code: AR0046002	SOC Code: 27-1024
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ACAD OCAS	&OHLAP	COURSES	THEORY	LAB	TOTAL	START DATE	END DATE	#DAYS	Grade	Notes
		Visual Communications Basic I	80	122	202					
2815	x	AP Studio Art Drawing	60	60	120					
		Visual Communications Basic II	80	123	203					
TOTAL HOURS			220	305	525					
		Visual Communications Advanced	80	122	202					
		Graphic Design Portfolio Development (adults only)	60	60	120					
2838	x	AP Studio Art 2D (second year seniors only)								
		Visual Communication Project Management	80	123	203					
TOTAL HO			220	305	525					
TOTAL COMPLETED HOURS			440	610	1050					

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:	ACA Graphic Design and Illustration with Adobe Illustrator	0297	Y
Additional:	ACA Visual Communication Using Adobe Photoshop	0992	Y
	ACA Print and Digital Media Publication Using Adobe InDesign	0298	Y

SIGNATURES:

Student: _____
 Instructor: _____
 Coordinator: _____
 Administrative: _____