

NAME _____

LBCC GRADUATION WORKSHEET 2007-2008

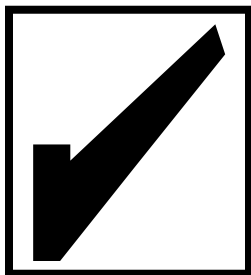
ID NO _____

CERTIFICATE

HORTICULTURE ONE-YEAR

C1 5402

INSTRUCTIONS: Use this worksheet to track your progress toward graduation. You must be able to check off all the boxes on the checklist to receive this certificate. The college catalog and your advisor are two resources you can turn to if you need help. When you are nearing completion, meet with your advisor and have him or her sign this form. You should apply for graduation one term prior to the term you and your advisor determine you will have met the requirements for completion. **When you apply for graduation you must attach this form to your application. Your application is incomplete without this form signed by your advisor.**



Degree Evaluator

Date

FOR OFFICE USE ONLY

Credit Toward This Degree

Total Cr. _____ LBCC Cr. _____ GPA _____ Approved Denied

Registrar

Date

C1 5402 MS

PROGRAM REQUIREMENTS

Advisor Instructions: This is the student's official record of their progress. The student must be present this form to the Admissions Office when they apply for graduation. Please address each requirement by checking off completed courses, indicating which courses the student plans to take, and clearly documenting substitutions or waivers.

PROGRAM REQUIREMENTS ARE APPROVED BY THE DEPARTMENT ADVISOR

	Credits	Waivers/ Substitutions	Advisor Initials	Date Approved
*AG 111 Computers in Agriculture.....	2	<input type="checkbox"/>	_____	_____
AG8.138 Irrigation Systems	3	<input type="checkbox"/>	_____	_____
BI 103 General Biology: The Dynamic Plant.....	4	<input type="checkbox"/>	_____	_____
CSS 205 Soils: Sustainable Ecosystems.....	4	<input type="checkbox"/>	_____	_____
CSS 215 Soil Nutrients & Plant Fertilization.....	3	<input type="checkbox"/>	_____	_____
HORT 228 Landscape Plant Materials.....	3	<input type="checkbox"/>	_____	_____
HT8.102 Career Exploration: Horticulture.....	1	<input type="checkbox"/>	_____	_____
HT8.137 Plant Propagation	4	<input type="checkbox"/>	_____	_____
Other required courses:				
Math and Writing courses at appropriate level				
(based upon placement test scores).....	6	<input type="checkbox"/>	_____	_____
Select 12 credits (Note: Some courses are offered alternate years)				
AG8.130 Pesticide Safety	4	<input type="checkbox"/>	_____	_____
AG8.131 Integrated Pest Management	3	<input type="checkbox"/>	_____	_____
CSS 105 Soils and Man.....	3	<input type="checkbox"/>	_____	_____
HORT 226 Landscape Plant Materials.....	3	<input type="checkbox"/>	_____	_____
HORT 260 Organic Farming and Gardening	3	<input type="checkbox"/>	_____	_____
HT8.115 Greenhouse Management.....	3	<input type="checkbox"/>	_____	_____
HT8.132 Arboriculture 1 (offered alternate years; Prerequisite for Arboriculture II).....	3	<input type="checkbox"/>	_____	_____
HT8.133 Arboriculture II (offered alternate years)	3	<input type="checkbox"/>	_____	_____
HT8.135 Turf Management 1(offered alternate years; Prerequisite for Turf Management II).....	3	<input type="checkbox"/>	_____	_____
HT8.136 Turf Management II (offered alternate years)	3	<input type="checkbox"/>	_____	_____
HT8.140 Landscape Maintenance (offered Alternate years).....	3	<input type="checkbox"/>	_____	_____
HT8.141 Landscape Planning.....	3	<input type="checkbox"/>	_____	_____
HT8.169 Tree Identification (offered alternate years)	3	<input type="checkbox"/>	_____	_____

*Students who pass a computer proficiency test may substitute another approved course for AG 111.

**CHANGES MUST ALSO BE APPROVED BY
DIVISION DIRECTOR OR DEAN**

Admissions & Records will perform a final evaluation to ensure all courses have been completed with appropriate grades before this certificate is awarded to the student. Requirements such as general education, total credits and grade point average must be approved by the Registrar.

DEPARTMENT ADVISOR

DIVISION DIRECTOR or DEAN

Program requirements/proposed substitutions and waivers with my approval. Reasons for any changes are indicated and initialed on the appropriate line above.

Changes and/or substitutions in the program meet requirements have my approval.

Program Advisor Signature Date

Division Director or Dean Signature Date