



Name: \_\_\_\_\_ CWID# \_\_\_\_\_ Grad Date: \_\_\_\_\_

Matric. Date: \_\_\_\_\_ Transfer Credit \_\_\_\_\_ Advisor: \_\_\_\_\_

- CMN Application
- OSU Application
- Official HS Transcript
- Official Higher Ed. Transcript(s)
- ACT Scores
- COMPASS:
- CMN Scholarship/Tuition Waiver
- FAFSA
- OSU Health Form / Imm: record or wavier
- OSU Bursar Form
- Consent Forms
- Tribal Citizenship Card

Specialization Requirements – 21 Hours				
Semester	Grade	Course	Hrs	
		MVSK 1123 Beginning Mvskoke Language	3	
		MVSK 1133 Intermediate Mvskoke Language	3	
		MVSK 2013 Advanced Mvskoke Language	3	
		MVSK 2133 Conversational Mvskoke Language	3	
		MVSK 2253 Mvskoke Practicum: Reading and Writing Mvskoke	3	
		MVSK 2333 Mvskoke Literacy Project (Service Learning)	3	
		MVSK 2433 Mvskoke Practicum: New Speakers Practice	3	

- MATH0143
- MATH0153
- MATH0163
- ENGL0143
- READ0143
- PHYS0123

✓ = Exam Equivalency or write semester course taken.

I have access to and understand, I am responsible for knowing the policies and procedures of College of the Muscogee Nation as published in the current CMN Catalog concerning, but not limited to: student rights, registration, fees and billing, grades, certificate requirements, graduation requirements, probation, and disciplinary action(s). I have been advised and I understand the courses listed on this Plan of Study are required to complete the CMN Certificate in Mvskoke Language and that I will take courses that progress to the completion of this certificate.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I have advised the above named student to read and know the CMN Catalog, this Plan of Study lists the courses required to complete the Certificate in Mvskoke Language, and that he/she must take courses that progress to the completion of this certificate.

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved: Academic Dean

\_\_\_\_\_  
Date