IDN: _____   Printed Name: _____

CP-Emergency Medical Technology-Major Code: 2003

See your advisor to declare your major.

The prerequisites and corequisites of the degree requirements are subject to change.

MATH/ENGL prerequisite/co-requisite courses if student does not meet placement requirements:
Prerequisites: MATH 0304 _____ **Corequisites:** ENGL 0201_____ ENGL 0202_____   MATH 0301 _____   MATH 0201_____

Required eight hours:

Courses

EMT 1408 Emergency Medical Technology-Basic   8 Hours   Grade_____

Total Hours: 8

A grade of C or better is required in ALL courses applicable to this program.

Transfer Course Information
The Arkansas Course Transfer System (ACTS) contains information about the transferability of courses within Arkansas public colleges and universities. Students are guaranteed the transfer of applicable credits and the equitable treatment of the application of credits for the admissions and degree requirements. Courses transferability is not guaranteed for courses listed in ACTS as "No Comparable Courses." ACTS-Arkansas Course Transfer System http://acts.adhe.edu -select Course Transfer. See Acceptance of Transfer Credits section of the current academic catalog for a complete list of transfer provisions.

Student Degree Program Requirements
A student's degree program requirements are those specified in the catalog in effect at the time of declaration of program major. Students must meet the above program requirements and the graduation requirements as indicated by institutional and college policy. The program can be changed only with the approval of the official advisor. If original courses are eliminated, students may be required to meet new curriculum requirements in the degree program. If students are not enrolled for two or more consecutive terms (excluding summer terms), they must re-enter under the program requirements of the current catalog. Students are responsible for understanding program requirements and changes. This document is not official until signed and dated by both the student and an authorized university representative.

Student Signature _____ Date _____

Advisor Signature _____ Date _____