

NAME: \_\_\_\_\_ ID: \_\_\_\_\_ **BUSINESS & INDUSTRY ENDORSEMENT** Program of Study: Carpentry **DHS ONLY**

Cohort: \_\_\_\_\_ DATE PLAN AMENDED: \_\_\_\_\_ Add \_\_\_\_\_ Replace \_\_\_\_\_ Program of Study: \_\_\_\_\_

### FOUR YEAR GRADUATION PLAN

Graduation Credit Requirement – 26 credits	9 <sup>th</sup> Grade School Yr: _____	Credit	10 <sup>th</sup> Grade School Yr: _____	Credit	11 <sup>th</sup> Grade School Yr: _____	Credit	12 <sup>th</sup> Grade School Yr: _____	Credit
English – 4 credits	English I		English II		English III		English IV	
Math – 4 credits	Algebra I/Algebra II		Algebra II/Geometry		Geometry/Adv. Math		Adv. Math	
Science – 4 credits	Biology/Chemistry		Chem./Physics/Adv. Sci.		Physics/Adv. Science		Adv. Science	
Social Studies – 4 credits	World Geography		World History		U.S. History		Government/Economics	
Foreign Language – 2 credits								
Fine Arts – 1 credit								
PE – 1.0 credit								
PROGRAM OF STUDY & Electives – 6 credits			Prin. of Construction		Construction Tech. I		Construction Tech. II	
Elective								
Elective								
Elective								
Elective								
CREDITS FROM MS								
<i>Total Credits</i>								

GRADE CLASSIFICATION	FINANCIAL AID – 12th	PERFORMANCE ACKNOWLEDGEMENTS	ALIGNED CTE INDUSTRY-BASED CERTIFICATIONS/LICENSES
9th      0-6½ CREDITS	FAFSA <input type="checkbox"/>		NCCER Carpentry Level 1
10th      7	Date Completed:		NCCER Construction Technology Cert. Level 1
11th      14	College Applications <input type="checkbox"/>		NCCER Core
12th      20	Scholarships <input type="checkbox"/>		
Graduate      26 CREDITS	College Readiness Tests <input type="checkbox"/>		

<b>POSTSECONDARY OPPORTUNITIES/GOALS:</b> _____ Enter Workforce    _____ Earn College Certificate    _____ Earn Associate _____ Earn Bachelor's    _____ Earn Master's/Professional Studies	<b>POSSIBLE COLLEGE MAJORS:</b> Carpentry                      Industrial Mechanics and Maintenance Technology Construction Science                      Construction Management
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**NOTES:**

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ DATE: \_\_\_\_\_ Counselor: \_\_\_\_\_