

**PROGRAM OF STUDIES
FOR RURAL NUTRITION SERVICES
OCCUPATIONAL CERTIFICATE OF COMPLETION**
(Submit to Graduation Office after all signatures obtained)

Student Name: _____ **Student ID:** _____

Name of Program: Rural Nutrition Services

Completion Date: _____

REQUIREMENTS:

Core Requirements:

Course #	Title	Credits	Term	Completed	Grade
RNS 105	Nutrition Science for the Generations	3			
RNS 120	Alaska Native Food Systems	3			
RNS 201	Community Nutrition Interventions	2			
RNS 210	Intro to Rural Nutrition Counseling	2			
RNS 260	Rural Nutrition Practicum	2 - 3			

Additional Requirements:

Total Credits Required 12

I certify that the above named student has successfully completed all of the requirements for this Occupational Certificate of Completion and request that it be posted to his/her transcript for _____ semester _____ year.

Program Head: _____ Signature _____ Date: _____
(printed name)

Campus Director: _____ Signature: _____ Date: _____
(printed name)

Dean: _____ Signature: _____ Date: _____
(Printed name)

For Enrollment Services Only:
Process date _____ Processed by _____