



**Greenhouse Management
Program Course Requirements
2011-2012**
revised 4/4/2011

Student Name _____ **Student ID#** _____

Course #	Course Title	Credits	Lecture Hrs	Lab Hrs
----------	--------------	---------	-------------	---------

REQUIRED COURSES

—	HORT 1100	Introduction to Horticulture	5	3	4
—	HORT 1113	Annuals and Perennials	4	3	2
—	HORT 1118	Indoor Flowering & Foliage Plants	4	3	2
—	HORT 1196	Sustainable Greenhouse Crops	4	2	4
—	HORT 2112	Sustainable Greenhouse Production	5	3	4
—	HORT 2116	Integrated Pest Management	4	2	4
		Total	26		

ELECTIVES

	Total	6		
--	--------------	----------	--	--

	GRADUATION REQUIREMENT	32		
--	-------------------------------	-----------	--	--

**Denotes Prerequisites*

Evaluator _____ **Date** _____



Greenhouse Management Program Course Requirements 2011-2012

Course #	Course Title	Credits	Lecture Hrs	Lab Hrs
<u>FIRST YEAR</u>				
FALL SEMESTER				
HORT 1100	Introduction to Horticulture	5	3	4
HORT 1113	Annuals and Perennials	4	3	2
HORT 2112	Sustainable Greenhouse Production	5	3	4
Electives		2		
	Total	16		
SPRING SEMESTER				
HORT 1118	Indoor Flowering & Foliage Plants	4	3	2
HORT 1196	Sustainable Greenhouse Crops	4	2	4
HORT 2116	Integrated Pest Management	4	2	4
Electives		4		
	Total	16		
GRADUATION REQUIREMENT		32		

**Denotes Prerequisites*

In order to receive a degree, diploma, or certificate from Central Lakes College, students must complete one-third of their credits at Central Lakes College. For programs exceeding 60 credits, a maximum of 20 semester credits must be completed at Central Lakes College.

CLC is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law. This information is available in alternative format upon a 48-hour advance request by contacting Disability Services at 800-933-0346, ext. 8175. Minnesota Relay Service: 800-627-3529 or 612-297-5353.

3/10