

PLAN OF STUDY FORM - 99/00  
 ACCOUNTING/TRANSFER PROGRAM - 000302  
 ASSOCIATE IN SCIENCE DEGREE  
 CREDITS REQUIRED - 63

MOHEGAN CAMPUS - TRCTC

NAME: \_\_\_\_\_  
 First Last  
 STUDENT ID# \_\_\_\_\_

Advanced Credits:  
 Transfer Credits \_\_\_\_\_  
 #CLEP/DANTES \_\_\_\_\_  
 #Credit by Exam \_\_\_\_\_  
 #APL Credits \_\_\_\_\_  
 #Military credits \_\_\_\_\_

Name(s) of transfer college(s) \_\_\_\_\_

# A combined maximum of 30 credits may be used to satisfy degree requirements.

Computer Literacy Requirement met by: \_\_\_\_\_

DEPT & NO.	TITLE OF COURSE	CREDITS	SEMESTER COMPLETED	TO BE COMPLETED
ACC K111*	Financial Accounting I	4	_____	_____
ACC K112*	Financial Accounting II	4	_____	_____
ACC K231*	Managerial Accounting	4	_____	_____
BUS K111	Introduction to Business	3	_____	_____
CSC K1175	Computer Applications I	3	_____	_____
ECO K111	Macroeconomics	3	_____	_____
ECO K112	Microeconomics	3	_____	_____
ENG K111*	College Composition	3	_____	_____
ENG K112*	Literature and Composition	3	_____	_____
ENG K221*	Managerial Communication	3	_____	_____
MGT K111	Principles of Management	3	_____	_____
MGT K113	Business Law I	3	_____	_____
MGT K114*	Business Law II	3	_____	_____
MRK K111	Principles of Marketing	3	_____	_____
LIBERAL ARTS & SCIENCE ELECTIVES: (Humanities, Mathematics, Social Science, Natural Science)		3	_____	_____
_____	_____	3	_____	_____
MATH ELECTIVES: (MAT K109* or higher)		3	_____	_____
_____	_____	3	_____	_____
NATURAL SCIENCE ELECTIVE		3-4	_____	_____
SOCIAL SCIENCE ELECTIVE: (Anthropology, Economics, Geography, International Studies, Political Sciences, Psychology, Sociology, History, Social Sciences)		3	_____	_____

\* Course has a prerequisite. Students should check course description in the catalog or semester class schedule.

DEVELOPMENTAL COURSES COMPLETED:

Writing Workshop \_\_\_\_\_  
 Semester/Year \_\_\_\_\_  
 Effective Reading \_\_\_\_\_  
 Semester/Year \_\_\_\_\_  
 Basic Math Skills \_\_\_\_\_  
 Semester/Year \_\_\_\_\_  
 Basic Algebra \_\_\_\_\_  
 Semester/Year \_\_\_\_\_

PLAN OF STUDY REVIEWED BY:

Advisor \_\_\_\_\_ Date \_\_\_\_\_  
 Student \_\_\_\_\_ Date \_\_\_\_\_  
 Graduation Audit Completed by: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_