

PLAN OF STUDY FORM - 2000/2001
THREE RIVERS COMMUNITY COLLEGE
ACCOUNTING/CAREER PROGRAM – KA07

NAME: _____

ASSOCIATE IN SCIENCE DEGREE

CREDITS REQUIRED – 63-64

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: _____

<u>DEPT & NO.</u>	<u>TITLE OF COURSE</u>	<u>CREDITS</u>	<u>SEMESTER COMPLETED</u>	<u>TO BE COMPLETED</u>
ACC K111*	Financial Accounting I	4	_____	_____
ACC K112*	Financial Accounting II	4	_____	_____
ACC K150*	Accounting Software Applications	3	_____	_____
ACC K211*	Intermediate Accounting I	3	_____	_____
ACC K231*	Managerial Accounting	4	_____	_____
ACC K233	Federal Income Taxes	3	_____	_____
BUS K111	Introduction to Business	3	_____	_____
BOT K104*	Spreadsheets I	1	_____	_____
BOT K105*	Spreadsheets II	1	_____	_____
_____	Credit – BOT Elective	1	_____	_____
ECO K111	Macroeconomics	3	_____	_____
ECO K112	Microeconomics	3	_____	_____
ENG K111*	College 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	_____	_____
NATURAL SCIENCE ELECTIVE:				
_____	_____	3-4	_____	_____
MATH ELECTIVE: (MAT K108* or higher)				
_____	_____	3	_____	_____
SOCIAL SCIENCE ELECTIVE:				
_____	_____	3	_____	_____
PRACTICUM* or MGT/MRK ELECTIVE or ACC 110 PERSONAL FINANCE:				
_____	_____	3	_____	_____

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

DEVELOPMENTAL COURSES COMPLETED:
PLAN OF STUDY REVIEWED BY:

Writing Workshop _____

Semester/Year _____

Effective Reading _____

Semester/Year _____

Basic Math Skills _____

Semester/Year _____

Basic Algebra _____

Semester/Year _____

Advisor _____ Date _____

Student _____ Date _____

Graduation Audit Completed by: _____

Signature _____ Date _____