

PLAN OF STUDY FORM - 2001/2002
ACCOUNTING/TRANSFER PROGRAM – KA09
 ASSOCIATE IN SCIENCE DEGREE
 CREDITS REQUIRED – 63-64

THREE RIVERS COMMUNITY COLLEGE

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: _____

<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 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 & SCIENCES ELECTIVES: (Humanities, Mathematics, Social Sciences, Natural Sciences)				
_____	_____	3	_____	_____
_____	_____	3	_____	_____
MATH ELECTIVES: (MAT K109* or higher)				
_____	_____	3	_____	_____
_____	_____	3	_____	_____
NATURAL SCIENCES ELECTIVE				
_____	_____	3-4	_____	_____
SOCIAL SCIENCES 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 _____