

PLAN OF STUDY FORM - 2001/2002

BANKING

ASSOCIATE IN SCIENCE DEGREE

CREDITS REQUIRED – 61-62

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) _____

<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	3	_____	_____
ACC K231*	Managerial Accounting	4	_____	_____
BUS XXX	Business Communications	3	_____	_____
BUS XXX	Finance	3	_____	_____
BUS XXX	Money and Banking	3	_____	_____
BUS XXX	Principles of Banking	3	_____	_____
CSC K1175	Computer Applications I	3	_____	_____
ECO K111	Macroeconomics	3	_____	_____
or	or			
ECO K112	Microeconomics			
ENG K111*	College Composition	3	_____	_____
ENG K112*	Composition and Literature	3	_____	_____
ENG K131*	Introduction to Speech Communication	3	_____	_____
MAT 121*	Statistics	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	_____	_____
HUMANITIES ELECTIVE: (English, Art, Music, Languages, Philosophy, Reading, Theater, Humanities)		3	_____	_____
SOCIAL SCIENCES ELECTIVE: (Anthropology, Economics, Geography, International Studies, Political Sciences, Psychology, Sociology, History, Social Sciences)		3	_____	_____
RESTRICTED ELECTIVE#:		3	_____	_____
NATURAL SCIENCES ELECTIVE:		3-4	_____	_____

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

Selection of restricted elective should be made after consultation with the program advisor.

BUS XXX – New course to be developed.

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 _____