

PLAN OF STUDY FORM - 2000/2001
BUSINESS OFFICE TECHNOLOGY
ADMINISTRATIVE ASSISTANT OPTION – KA14
 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) _____

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	_____	_____
BOT/CSC K104*	Spreadsheets I	1	_____	_____
BOT/CSC K106*	Presentation Graphics	1	_____	_____
BOT/CSC K107*	Database Applications	1	_____	_____
BUS K111	Introduction to Business	3	_____	_____
ECO K111	Macroeconomics	3	_____	_____
ENG K111*	College Composition	3	_____	_____
ENG K112*	Literature and Composition	3	_____	_____
ENG K129*	Desktop Publishing	3	_____	_____
ENG K221*	Managerial Communication	3	_____	_____
MAT K106*	Business Applications or higher math	3	_____	_____
MGT K113	Business Law I	3	_____	_____
BOT K111	Keyboarding for Information Processing	3	_____	_____
BOT K131*	Word Processing Applications	3	_____	_____
BOT K239*	Integrated Office	3	_____	_____
BOT K241*	Machine Transcription	3	_____	_____
BOT K251*	Administrative Procedures I	3	_____	_____
BOT K252*	Administrative Procedures II	3	_____	_____
BOT K291*	Administrative Practicum	3	_____	_____

NATURAL SCIENCE ELECTIVE or HLT K111 Personal Health or BIO K127 Introduction to Nutrition:

_____ 3-4 _____

OPEN ELECTIVE:

_____ 3 _____

_____ 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 _____