PLAN OF STUDY FORM - 97/98

COMPUTER SCIENCE TECHNOLOGY

ASSOCIATE IN SCIENCE DEGREE
CREDITS REQUIRED - 66

THAMES VALLEY CAMPUS - TRCTC

NAME:_____

                     First   Last

SS#:_____/_____/_____

Advanced Credits:

Transfer Credits	_____	Name(s) of transfer college(s) _____
#CLEP/DANTES	_____	_____
#Credit by Exam	_____	
#APL Credits	_____	_____
#Military credits	_____	_____

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

DEPT & NO.	TITLE OF COURSE	CREDITS	PLANNED	COMPLETED
SEMESTER I				
CSC 1142	Introduction to Programming	3	_____	_____
CSC 1143	Introduction to Programming Lab	1	_____	_____
ENG 111*	College Composition	3	_____	_____
MAT 109*	Intermediate Algebra	3	_____	_____
_____	Technical Elective	3	_____	_____
	Technical Elective	3	_____	_____
SEMESTER II				
CSC 1224*	Data Communications I	3	_____	_____
CSC 1225*	Data Communications I Lab	1	_____	_____
ENG 122	Technical Writing	3	_____	_____
ENG 131	Intro. to Speech Communication	3	_____	_____
MAT 141*	Precalculus	3	_____	_____
_____	Technical Elective	3	_____	_____
SEMESTER III				
CSC 1220*	Introduction to Data Base	3	_____	_____
CSC 1221*	Introduction to Data Base Lab	1	_____	_____
CSC 2232*	Non-Numerical Computation	3	_____	_____
CSC 2233*	Non-Numerical Computation Lab	1	_____	_____
_____	Humanities/Social Science Elective	3	_____	_____
_____	Technical Elective	3	_____	_____
_____	Technical Elective	3	_____	_____
SEMESTER IV				
CSC 2238*	Assembler Programming	3	_____	_____
CSC 2239*	Assembler Programming Lab	1	_____	_____
CSC 2276*	Java Programming	3	_____	_____
CSC 2277*	Java Programming Lab	1	_____	_____
_____	Humanities/Social Science Elective	3	_____	_____
_____	Open Elective	3	_____	_____
_____	Technical Elective	3	_____	_____

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

DEVELOPMENTAL COURSES COMPLETED:

Writing Workshop _____

Effective Reading _____

Basic Math Skills _____

Other _____

PLAN OF STUDY REVIEWED BY:

_____
Advisor   Date

_____
Student   Date
Graduation Audit Completed by:

_____
Signature   Date