PLAN OF STUDY FORM - 98/99

MOHEGAN CAMPUS - TRCTC

CRIMINAL JUSTICE/CORRECTIONS-050802
ASSOCIATE IN SCIENCE DEGREE
CREDITS REQUIRED - 63

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:_____

Prerequisites Requirements Completed: _____ LAW 108: Perspectives of Criminal Justice #
_____ ENG 108: Reading-Writing Connection #

DEPT & NO.	TITLE OF COURSE	CREDITS	SEMESTER COMPLETED	TO BE COMPLETED
SEMESTER I				
CSC 1175	Computer Applications I	3		
ENG 111*	College Composition	3		
LAW 111*	Introduction to Criminal Justice	3		
LAW 118*	Introduction to History and Philosophy of Corrections	3		
PSY 111	Introduction to Psychology	3		
SEMESTER II				
ENG 131	Introduction to Speech Communication	3		
LAW 160	Juvenile Delinquency	3		
LAW 231*	Models of Corrections	3		
POL 112	Practical Local Politics	3		
SOC 111	Introduction to Sociology	3		
SEMESTER III				
HSV 115	Understanding Sexual Abuse	3		
LAW 116*	Constitutional Law	3		
LAW 215*	Correctional Counseling I	3		
LAW 221*	Interpersonal Dynamics for Criminal Justice Professionals	3		
LAW 223	Spanish for Criminal Justice Professionals	3		
LIBERAL ARTS AND SCIENCES ELECTIVE:				
_____	_____	3		
SEMESTER IV				
HSV 114	Substance Abuse	3		
LAW 218*	Practicum or HS or LAW Elective	3		
LAW 220*	Seminar - Current Issues in Criminal Justice	3		
LAW 230*	Correctional Counseling II	3		
PSY 211*	Abnormal Psychology	3		

* Course has a prerequisite. Students should check course description in the catalog or semester class schedule.
# May be exempted through placement score.

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