PROGRAM OF STUDY FORM

MOHEGAN COMMUNITY COLLEGE

DEVELOPMENTAL DISABILITIES AIDE - 025600

NAME: _____
First Last

CERTIFICATE PROGRAM
CREDITS REQUIRED = 33

SS#: _____ / _____ / _____

Advanced Credits:
Transfer Credits _____
#CLEP/DANTES _____
#Credit by Exam _____
#APL Credits _____
#Military Credit _____

Name(s) of transfer college(s) _____
_____
_____

DEPT. & NO.	TITLE OF COURSE	CREDITS	SEMESTER COMPLETED	TO BE COMPLETED
CHDV 219*	The Exceptional Child	3		
ENG 111*	English I - Composition	3		
HS 110	Introduction to Human Services	3		
HS 131	Behavior Modification	3		
HS 140	Introduction to Mental Retardation	3		
HS 141	Introduction to Job Coaching	3		
HSCI 111	Personal Health	3		
PSY 111	Introduction to Psychology	3		
PSY 212*	Developmental Psychology	3		
SOC 112	Current Social Programs	3		
_____	PRACTICUM	3		

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

PROGRAM OF STUDY REVIEWED BY:

_____
Advisor Date

_____
Student Date

Anticipated Date of Graduation: _____

This Program of Study is effective as of the 1990/91 academic year. The college reserves the right to modify this Program of Study in subsequent academic years.

Each student has the responsibility to insure that he/she completes all courses required for graduation, completes prerequisites for required courses, and completes all other requirements of the College as explained in the College Catalog.