PROGRAM OF STUDY FORM

MOHEGAN CAMPUS - TRCTC

DEVELOPMENTAL DISABILITIES AIDE - 025605

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 Developmental Disabilities	3	_____	_____
HS 141	Introduction to Job Coaching	3	_____	_____
HS 219*	Practicum in Human Service	3	_____	_____
HSCI 111	Personal Health	3	_____	_____
PSY 111	Introduction to Psychology	3	_____	_____
PSY 212*	Developmental Psychology	3	_____	_____
SOC 112	Current Social Problems	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

Graduation Audit Completed by:

_____
Signature Date

This Program of Study is effective as of the 1993/94 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.