

PROGRAM OF STUDY FORM

MOHEGAN CAMPUS - TRCTC

DRUG AND ALCOHOL REHABILITATION COUNSELOR

NAME: _____
 First Last

ASSOCIATE IN SCIENCE DEGREE - 051000
 CREDITS REQUIRED = 60-61

SS#: _____

Advanced Credits:

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

Name(s) of transfer college(s) _____

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

Computer Literacy Requirement met by:

_____ course or test name

DEPT. & NO.	TITLE OF COURSE	CREDITS	SEMESTER COMPLETED	TO BE COMPLETED
DARC 101#	Public Health Issues in Alcohol and Drug Abuse	3	_____	_____
DARC 111#	Introduction to Counseling	3	_____	_____
DARC 112#	Group Therapy and Techniques	3	_____	_____
DARC 158#	Biology of Alcohol and Drug Abuse	3	_____	_____
DARC 251#	Counseling Internship I	6	_____	_____
DARC 252#	Counseling Internship II	6	_____	_____
ENG 111*	English I - Composition	3	_____	_____
PSY 111	Introduction to Psychology	3	_____	_____
PSY 211*	Abnormal Psychology	3	_____	_____
PSYCHOLOGY ELECTIVE:	_____	3	_____	_____
HUMANITIES ELECTIVES: (English, Art, Music, Philosophy, Reading, Theater, Humanities)				
_____	_____	3	_____	_____
_____	_____	3	_____	_____
_____	_____	3	_____	_____
SOCIAL SCIENCE ELECTIVES: (Anthropology, Economics, Geography, International Studies, Political Science, Psychology, Sociology, History, Social Sciences)				
_____	_____	3	_____	_____
_____	_____	3	_____	_____
NATURAL SCIENCE ELECTIVE:				
_____	_____	3-4	_____	_____
LIBERAL ARTS & SCIENCES ELECTIVE: (Humanities, Social Sciences, Natural Sciences, Mathematics)				
_____	_____	3	_____	_____
UNRESTRICTED ELECTIVE:				
_____	_____	3	_____	_____

Courses offered at Manchester, Gateway and Tunxis Community-Technical Colleges

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

PROGRAM OF STUDY REVIEWED BY:

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.

Advisor _____ Date _____

Student _____ Date _____

Graduation Audit Completed by:

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.

Signature _____ Date _____