PROGRAM OF STUDY FORM - 95/96

MOHEGAN CAMPUS - TRCTC

DRUG AND ALCOHOL REHABILITATION COUNSELOR
ASSOCIATE IN SCIENCE DEGREE - 051000
CREDITS REQUIRED = 60-61

NAME: _____
First Last

SS#: ___/___/_____

dvanced Credits:

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

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

Computer Literacy Requirement met by: _____

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*	College 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 Sciences, 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.

DEVELOPMENTAL COURSES COMPLETED:

Writing Workshop _____ **Date**

Effective Reading _____ **Date**

Basic Math Skills _____ **Date**

Other _____ **Date**

PROGRAM OF STUDY REVIEWED BY:

_____
Advisor **Date**

_____
Student **Date**

Graduation Audit Completed by:

_____
Signature **Date**