

PLAN OF STUDY FORM - 99/00
DRUG AND ALCOHOL REHABILITATION COUNSELOR
 ASSOCIATE IN SCIENCE DEGREE - 051000
 CREDITS REQUIRED - 60-61

MOHEGAN CAMPUS - TRCTC

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: _____

<u>DEPT & NO.</u>	<u>TITLE OF COURSE</u>	<u>CREDITS</u>	<u>SEMESTER COMPLETED</u>	<u>TO BE COMPLETED</u>
DARC 101#	Public Health Issues in Alcohol and Drug Abuse	3	_____	_____
DARC 111#	Introduction to Counseling	3	_____	_____
DARC 112#	Group Counseling 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 K111*	College Composition	3	_____	_____
PSY K111	Introduction to Psychology	3	_____	_____
PSY K211*	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	_____	_____
OPEN 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 _____
 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 _____