

PLAN OF STUDY FORM - 2000/2001

THREE RIVERS COMMUNITY COLLEGE

FOOD SERVICE MANAGEMENT – KB22

ASSOCIATE IN SCIENCE DEGREE

CREDITS REQUIRED – 60

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>
ACC K111*	Financial Accounting I	4	_____	_____
BIO K127	Introduction to Nutrition	3	_____	_____
ENG K111*	College Composition	3	_____	_____
ENG K112*	Literature and Composition	3	_____	_____
ENG K221*	Managerial Communications	3	_____	_____
HM K101*+	Basic Foods	3	_____	_____
HM K102*+	Quantity Food I	4	_____	_____
HM K141	Certification in Food Sanitation & Safety	3	_____	_____
HM K217*+	Quantity Food Production II	4	_____	_____
HM K202*+	Catering management	3	_____	_____
HM K210	Intro to Wines, Beers, Spirits, and Beverage Management	3	_____	_____
HM K250*	Hospitality Practicum	3	_____	_____
HM XXX	Equipment Layout and Design	3	_____	_____
HM XXX	Cost Control & Purchasing	3	_____	_____
HM XXX	Consumer Research & Marketing	3	_____	_____
MAT K106	Business Applications	3	_____	_____
MGT K212	Human Resource Management	3	_____	_____
PSY K111	General Psychology I	3	_____	_____
LIBERAL ARTS & SCIENCES ELECTIVE:		3	_____	_____

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

+ Each student must purchase the required uniforms.

HM XXX = New course to be developed.

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 _____