

**PLAN OF STUDY FORM - 2000/2001**  
**GENERAL STUDIES – KJ57**  
**CERTIFICATE PROGRAM**  
**CREDITS REQUIRED - 30**

**THREE RIVERS COMMUNITY COLLEGE**

NAME: \_\_\_\_\_  
 First Last  
 STUDENT ID# \_\_\_\_\_

**Advanced Credits:**

Transfer Credits \_\_\_\_\_  
 #CLEP/DANTES \_\_\_\_\_  
 #Credit by Exam \_\_\_\_\_  
 #APL Credits \_\_\_\_\_  
 #Military credits \_\_\_\_\_

Name(s) of transfer college(s) \_\_\_\_\_

<u>DEPT &amp; NO.</u>	<u>TITLE OF COURSE</u>	<u>CREDITS</u>	<u>SEMESTER COMPLETED</u>	<u>TO BE COMPLETED</u>
IDS K105**	First Year Experience	3	_____	_____
ENG K111*	College Composition	3	_____	_____
OPEN ELECTIVES:				
_____	_____	3	_____	_____
_____	_____	3	_____	_____
_____	_____	3	_____	_____
_____	_____	3	_____	_____
_____	_____	3	_____	_____
_____	_____	3	_____	_____
_____	_____	3	_____	_____
_____	_____	3	_____	_____

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

\*\* Students should complete IDS K105 during their first or second semester at the College.

**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 \_\_\_\_\_