

PLAN OF STUDY FORM - 98/99
GENERAL STUDIES - 060200
ASSOCIATE IN SCIENCE DEGREE
CREDITS REQUIRED - 60-61

MOHEGAN CAMPUS - TRCTC

NAME: _____
 First Last
 STUDENT ID# _____

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

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>
IDS 105**	First Year Experience	3	_____	_____
ENG 111*	College Composition	3	_____	_____
LITERATURE ELECTIVE:		3	_____	_____
_____		_____	_____	_____
HUMANITIES ELECTIVE: (English, Art, Music, Languages, Philosophy, Reading, Theater, Humanities)		3	_____	_____
_____		_____	_____	_____
SOCIAL SCIENCES ELECTIVES: (Anthropology, Counseling, Criminal Justice, Early Childhood, Social Science, Economics, Human Services, Political Science, Psychology, Sociology, History, International Studies, Geography, Hospitality Management.)		3	_____	_____
_____		3	_____	_____
_____		3	_____	_____
NATURAL SCIENCES ELECTIVE:		3-4	_____	_____
_____		_____	_____	_____
MATHEMATICS ELECTIVE: (MAT 106* OR HIGHER)		3	_____	_____
_____		_____	_____	_____
LIBERAL ARTS & SCIENCES ELECTIVE: (Both electives must be chosen from ONE of these areas: Humanities, Social Sciences, Mathematics, Natural Sciences.)		3	_____	_____
_____		3	_____	_____
OPEN ELECTIVES:		3	_____	_____
_____		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 105 during their first or second semester at the college.

DEVELOPMENTAL COURSES COMPLETED:

PLAN OF STUDY REVIEWED BY:

Writing Workshop _____
 Semester/Year _____

Effective Reading _____
 Semester/Year _____

Basic Math Skills _____
 Semester/Year _____

Basic Algebra _____
 Semester/Year _____

Advisor _____ Date _____

Student _____ Date _____

Graduation Audit Completed by:

Signature _____ Date _____