

PLAN OF STUDY FORM - 99/00
GENERAL STUDIES - 060200
ASSOCIATE IN SCIENCE DEGREE
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>
IDS K105**	First Year Experience	3	_____	_____
ENG K111*	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 K106* 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	_____	_____

* 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 _____