PLAN OF STUDY FORM - 2000/2001
GENERAL STUDIES – KB31
ASSOCIATE IN SCIENCE DEGREE
CREDITS REQUIRED – 60-61

THREE RIVERS COMMUNITY COLLEGE
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:_____

DEPT & NO.	TITLE OF COURSE	CREDITS	SEMESTER COMPLETED	TO BE COMPLETED
IDS K105**	First Year Experience	3	_____	_____
ENG K111*	College Composition	3	_____	_____
LITERATURE ELECTIVE (or ENG 112):				
_____	_____	3	_____	_____

HUMANITIES ELECTIVE: (English, Art, Music, Languages, Philosophy, Reading, Theater, Humanities)

_____	_____	3	_____	_____

SOCIAL SCIENCES ELECTIVES: (Anthropology, Counseling, Criminal Justice, Early Childhood, Economics, Geography, History, Human Services, International Studies, Political Science, Psychology, Sociology, Social Science)

_____	_____	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	_____	_____
_____	_____	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: **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