

**PLAN OF STUDY FORM - 99/00****HOSPITALITY MANAGEMENT  
RESTAURANT MANAGEMENT OPTION  
ASSOCIATE IN SCIENCE DEGREE  
CREDITS REQUIRED - 66****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.

<u>DEPT &amp; NO.</u>	<u>TITLE OF COURSE</u>	<u>CREDITS</u>	<u>PLANNED</u>	<u>COMPLETED</u>
ACC K111*	Financial Accounting I	4	_____	_____
ENG K111*	College Composition	3	_____	_____
ENG K129*	Desktop Publishing	3	_____	_____
ENG K221*	Managerial Communication	3	_____	_____
HM K101*	Basic Foods	4	_____	_____
HM K102*	Quantity Food I	4	_____	_____
HM K111	Introduction to the Hospitality Industry	3	_____	_____
HM K141	Certification in Food Sanitation and Safety	3	_____	_____
HM K201*	Quantity Food Production II	4	_____	_____
HM K202*	Catering Management	4	_____	_____
HM K204*	Baking: Pastry Arts	4	_____	_____
HM K210	Introduction to Wines, Beers, Spirits, and Beverage Management	3	_____	_____
HM K250*	Hospitality Practicum	3	_____	_____
IAT K106*	Business Applications or higher	3	_____	_____
MGT K111	Principles of Management	3	_____	_____
MGT K212	Human Resources Management	3	_____	_____
MRK K111	Principles of Marketing	3	_____	_____
PSY K111	Introduction to Psychology	3	_____	_____
LIBERAL ARTS & SCIENCES ELECTIVES#		3	_____	_____
		3	_____	_____

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

# LAS Elective 1 - directed to take BIO K127; LAS Elective 2 - open

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