

PLAN OF STUDY FORM - 98/99

MOHEGAN CAMPUS - TRCTC

**HOSPITALITY MANAGEMENT
RESTAURANT MANAGEMENT OPTION
CERTIFICATE
CREDITS REQUIRED - 33**

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 & NO.</u>	<u>TITLE OF COURSE</u>	<u>CREDITS</u>	<u>PLANNED</u>	<u>COMPLETED</u>
ENG 111*	College Composition	3	_____	_____
HM 101*	Basic Foods	4	_____	_____
HM 102*	Quantity Food I	4	_____	_____
HM 111	Introduction to the Hospitality Industry	3	_____	_____
HM 141	Certification in Food Sanitation and Safety	2	_____	_____
HM 201*	Quantity Food Production II	4	_____	_____
HM 202*	Catering Management	4	_____	_____
HM 210	Introduction to Wines, Beers, Spirits, and Beverage Management	3	_____	_____
HM 250*	Hospitality Practicum	3	_____	_____
MAT 106*	Business Applications or higher	3	_____	_____

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

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 _____