

PLAN OF STUDY FORM - 99/00
HOSPITALITY MANAGEMENT
CASINO MANAGEMENT OPTION
CERTIFICATE
CREDITS REQUIRED - 34

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) _____

<u>DEPT & NO.</u>	<u>TITLE OF COURSE</u>	<u>CREDITS</u>	<u>PLANNED</u>	<u>COMPLETED</u>
ENG K111*	College Composition	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 K210	Introduction to Wines, Beers, Spirits, and Beverage Management	3	_____	_____
HM K220*	Casino Operations	4	_____	_____
HM K230*	Hotel Operations	4	_____	_____
HM K250*	Hospitality Practicum	3	_____	_____
MAT K106*	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 _____