

PLAN OF STUDY FORM - 99/00

**HOSPITALITY MANAGEMENT
TOURISM MANAGEMENT OPTION**

CERTIFICATE

EDITS 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	_____	_____
OR	OR			
HM K245*	Tourism Management and Sales			
HM K240*	Travel Agency 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