

PLAN OF STUDY FORM - 98/99

MOHEGAN CAMPUS - TRCTC

HOSPITALITY MANAGEMENT  
 TOURISM MANAGEMENT OPTION  
 ASSOCIATE IN SCIENCE DEGREE  
 CREDITS REQUIRED - 65

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 111*	Principles of Accounting I	4	_____	_____
ENG 111*	College Composition	3	_____	_____
ENG 129	Desktop Publishing	3	_____	_____
ENG 221*	Managerial Communication	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 210	Introduction to Wines, Beers, Spirits, and Beverage Management	3	_____	_____
HM 220*	Casino Operations	4	_____	_____
OR	OR			
HM 245*	Tourism Management and Sales			
HM 240*	Travel Agency Operations	4	_____	_____
HM 250*	Hospitality Practicum	3	_____	_____
MAT 106*	Business Applications or higher	3	_____	_____
MGT 111	Principles of Management	3	_____	_____
MGT 212	Human Resources Management	3	_____	_____
MRK 111	Principles of Marketing	3	_____	_____
PSY 111	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 HIS 114; LAS Elective 2 - directed to take GEO 111

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 \_\_\_\_\_