

PLAN OF STUDY FORM - 98/99  
 MARKETING/CAREER PROGRAM - 000600  
 ASSOCIATE IN SCIENCE DEGREE  
 CREDITS REQUIRED - 63

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.

Computer Literacy Requirement met by: \_\_\_\_\_

<u>DEPT &amp; NO.</u>	<u>TITLE OF COURSE</u>	<u>CREDITS</u>	<u>SEMESTER COMPLETED</u>	<u>TO BE COMPLETED</u>
ACC 111*	Principles of Accounting I	4	_____	_____
ACC 112*	Principles of Accounting II	4	_____	_____
ACC 231*	Managerial Accounting	4	_____	_____
BUS 111	Introduction to Business	3	_____	_____
ECO 111	Macroeconomics	3	_____	_____
ECO 112	Microeconomics	3	_____	_____
ENG 111*	College Composition	3	_____	_____
ENG 112*	Literature and Composition	3	_____	_____
ENG 129	Desktop Publishing	3	_____	_____
ENG 221*	Managerial Communication	3	_____	_____
MGT 111	Principles of Management	3	_____	_____
MGT 113	Business Law I	3	_____	_____
MGT 114*	Business Law II	3	_____	_____
MRK 111	Principles of Marketing	3	_____	_____
MRK 112	Retailing Fundamentals	3	_____	_____
MRK 113	Principles of Advertising	3	_____	_____
MRK 114	Principles of Professional Selling	3	_____	_____

PRACTICUM \* OR UNRESTRICTED ELECTIVE:

\_\_\_\_\_ 3 \_\_\_\_\_

LIBERAL ARTS & SCIENCES ELECTIVE: (Humanities, Social Sciences, Natural Sciences, Mathematics)

\_\_\_\_\_ 3 \_\_\_\_\_

MATH ELECTIVE: (MAT 106\* or higher)

\_\_\_\_\_ 3 \_\_\_\_\_

\* Course has a prerequisite. 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