

PLAN OF STUDY FORM - 98/99
MARKETING/TRANSFER PROGRAM - 000603
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 & 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	_____	_____
CSC 1175**	Computer Applications I	3	_____	_____
ECO 111	Macroeconomics	3	_____	_____
ECO 112	Microeconomics	3	_____	_____
ENG 111*	College Composition	3	_____	_____
ENG 112*	Literature and Composition	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	_____	_____
HUMANITIES ELECTIVES: (English, Art, Music, Languages, Philosophy, Reading, Theater, Humanities)				
_____	_____	3	_____	_____
_____	_____	3	_____	_____
MATH ELECTIVES: (MAT 109* or higher)				
_____	_____	3	_____	_____
_____	_____	3	_____	_____
SOCIAL SCIENCE ELECTIVES: (Anthropology, Economics, Geography, International Studies, Political Sciences, Psychology, Sociology, History, Social Sciences)				
_____	_____	3	_____	_____
_____	_____	3	_____	_____
OPEN ELECTIVE:				
_____	_____	3	_____	_____

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

** Computer literacy requirement. Substitute course requests must be approved by the Program Coordinator.

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 _____