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:_____

DEPT & NO.	TITLE OF COURSE	CREDITS	SEMESTER COMPLETED	TO BE COMPLETED
ACC K111*	Financial Accounting I	4	_____	_____
ACC K112*	Financial Accounting II	4	_____	_____
ACC K231*	Managerial Accounting	4	_____	_____
BUS K111	Introduction to Business	3	_____	_____
CSC K1175**	Computer Applications I	3	_____	_____
ECO K111	Macroeconomics	3	_____	_____
ECO K112	Microeconomics	3	_____	_____
ENG K111*	College Composition	3	_____	_____
ENG K112*	Literature and Composition	3	_____	_____
MGT K111	Principles of Management	3	_____	_____
MGT K113	Business Law I	3	_____	_____
MGT K114*	Business Law II	3	_____	_____
MRK K111	Principles of Marketing	3	_____	_____

HUMANITIES ELECTIVES: (English, Art, Music, Languages, Philosophy, Reading, Theater, Humanities)

_____	_____	3	_____	_____
_____	_____	3	_____	_____

MATH ELECTIVES: (MAT K109* 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