PLAN OF STUDY FORM - 96/97

MOHEGAN CAMPUS - TRCTC

TRAVEL AND TOURISM - 003500
ASSOCIATE IN SCIENCE DEGREE

NAME: _____
First Last

SS#: ____/____/____

CREDITS REQUIRED = 61
Advanced Credits:
Transfer Credits _____
#CLEP/DANTES _____
#Credit by Exam _____
#APL Credits _____
#Military Credit _____

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
ACCT 111*	Principles of Accounting I	4		
ECON 111	Macroeconomics	3		
CSC 1175	Introduction to Computer Applications	3		
ENG 111*	College Composition	3		
ENG 131	Introduction to Speech Communication	3		

FOREIGN LANGUAGE ELECTIVES: (Two semesters of the same foreign language are required. Liberal Arts & Science Electives may be substituted if two years of the same foreign language with a grade of C or higher were completed at the High School level. High School transcript and college verification required for substitution.)

_____	_____	3		
_____	_____	3		
GEOG 111	Introduction to Geography	3		
HIST 114 or 112	A History of Connecticut or American History II	3		

MATHEMATICS ELECTIVE: (Math 104* or higher)

_____	_____	3		
TRAV 101	Introduction to Travel and Tourism	3		
TRAV 105	The Hospitality Industry	3		
TRAV 201*	Travel Agency Operations	3		
TRAV 205*	Land and Sea Transportation	3		
TRAV 212*	Hospitality Sales & Marketing	3		
TRAV 215 or MRKT 111	Lodging Options and Arrangements or Principles of Marketing	3		
TRAV 220 or BUS 111	Tourism in Southeastern Connecticut or Introduction to Business	3		
TRAV 225*	Practicum in Travel Tourism	3		

UNRESTRICTED ELECTIVES:

_____	_____	3		
_____	_____	3		

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

DEVELOPMENTAL COURSES COMPLETED:

Writing Workshop _____ Date

Effective Reading _____ Date

Basic Math Skills _____ Date

Other _____ Date

PLAN OF STUDY REVIEWED BY:

_____
Advisor Date

_____
Student Date

Graduation Audit Completed by:

_____
Signature Date