

THREE RIVERS COMMUNITY COLLEGE

NAME: _____

First

Last

STUDENT ID# _____

Advanced Credits:

Transfer Credits

Name(s) of transfer college(s) _____

#CLEP/DANTES

#Credit by Exam

#APL Credits

#Military credits

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 K111*	Financial Accounting I	4	_____	_____
CSC K1175	Computer Applications I	3	_____	_____
ECO K111	Macroeconomics	3	_____	_____
ENG K111*	College Composition	3	_____	_____
ENG K131	Introduction to Speech Communication	3	_____	_____
FOREIGN LANGUAGE ELECTIVES: (Two semesters of the same foreign language are required. Liberal Arts & Sciences electives may be substituted for 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	_____	_____
GGR K111	Introduction to Geography	3	_____	_____
HIS K114	A History of Connecticut	3	_____	_____
or	or			
HIS K112	Recent American History			
_____	Mathematics elective (MAT 106* or higher)	3	_____	_____
HM XXX	Introduction to Travel & Tourism	3	_____	_____
HM K111	The Hospitality Industry	3	_____	_____
HM K240	Travel Agency Operations	3	_____	_____
HM XXX	Land and Sea Transportation	3	_____	_____
HM XXX	Hospitality Sales and Marketing	3	_____	_____
HM XXX	Lodging Options & Arrangements	3	_____	_____
or	or			
MRK K111	Principles of Marketing	3	_____	_____
HM XXX	Tourism in Southeastern Connecticut	3	_____	_____
or	or			
BUS K111	Introduction to Business	3	_____	_____
HM K250*	Hospitality Practicum	3	_____	_____
OPEN ELECTIVES:				
_____	_____	3	_____	_____
		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

Date _____

Student _____
Date _____

Date _____

Graduation Audit Completed by:

Signature	Date
-----------	------

Date _____