KINGSBOROUGH		Kingsborough Community College Academic Advisement Plan
Last Name:	First Name:	Date:
ID#: XXX-XX	MAJOR: CRIMINAL JU	USTICE (66)
I. DEVELOPMENTAL REQUIRE	MENTS:	
 Student <u>Passed/Exempt</u> Reading CUNY Examination 	Э Student <u>Failed</u>	Reading CUNYscore
 Student <u>Passed/Exempt</u> Writing CUNY Examination 	∋ Student <u>Failed</u>	Writing CUNY score
∋ Student <u>Passed</u> CUNY Math or COMPA	Old Test:	CUNY Math or COMPASS Parts 1 and 2 (Total Score) M1 M2 M3 M5

II. COLLEGE REQUIREMENTS: 7 credits

Note: All courses with an asterisk (*) have a pre-requisite.

Course	Credits	Course	Credits	Course	Credits
э Eng 12*		э Eng 24*		э НЕ14	

(One (1) Writing Intensive course in any discipline from any category below is required. Such courses are designated "W".) Participation in a Learning Community that includes ENG 12 also satisfies this requirement.

III. DEPARTMENT REQUIREMENTS:

Note: All courses with an asterisk (*) have a pre-requisite.

Course	Credits	Course	Credits	Course	Credits	Course	Credits
∋ POL 63		э POL 64		э POL 66		э POL 67	
Э CRJ 69* ог	CRJ 70*						

IV. GENERAL EDUCATION REQUIREMENTS: 32 credits

The following courses are specified to satisfy core studies requirements for the B.A. in Criminal Justice at John Jay College of Criminal Justice.

A. Arts and Humanities

SPE 11 or SPE 21 and ART or MUS elective and PHI 71 or PHI 72 and a Literature elective selected from the following: ENG 31 or ENG 32 or ENG 35 or ENG 73 or ENG 74

В.	Behavioral and Social Sciences	12 credits
	POL 51, HIS 51 or HIS 52, SOC 31 and POL 72 or SOC 36	
C.	Mathematics and Sciences MAT 13 and BIO 33	8 credits
ЕСТ	IVES: 6 credits sufficient to meet required total of	60 credits

ELECTIVES: 6 credits sufficient to meet required total of (SD 11 and HE-20 are recommended)

SEMESTER: Fall_____ Spring_____

MODULE: Winter_____ Summer____

Course	Credits/Equated Credits	Course		Credits/Equated Credits
1.		1.		· · · · ·
2.		2.		
3.		MODULE:	Winter	Summer
4.		Course		Credits/Equated Credits
5.		1.		
	· · · · · · · · · · · · · · · · · · ·	2.		

_____ As a student who is part of the Access-Ability Center, I know that I am advised to return to room D-205 for any course modifications or discussion of accommodations.

I have reviewed and understand the information listed above.

Advisor Signature: ____

_____ Student Signature: ____

_____ Date:_____

12 credits