KINGSBOROUGH
COMMUNITY COLLEGE

Last Name: _____ **First Name:** _____ **Date:** _____

ID#: XXX-XX-_____ **MAJOR: LIBERAL ARTS – CHILDREN'S STUDIES CONENTRATION (1D)**

I. DEVELOPMENTAL REQUIREMENTS:

∋ Student <u>Passed/Exempt</u> Reading
CUNY Examination

∋ Student <u>Passed/Exempt</u> Writing
CUNY Examination

∋ Student <u>Passed</u> CUNY Math or COMPASS

∋ Student <u>Failed</u> Reading CUNY _____
                                score

∋ Student <u>Failed</u> Writing CUNY _____
                                score

∋ Student <u>Failed</u> CUNY Math or COMPASS
<u>Old Test:</u>   Parts 1 and 2 _____
                        (Total Score)
<u>COMPASS</u>: M1 ___   M2___   M3___ M5___

II. COLLEGE REQUIREMENTS: 7 credits
<u>Note:</u> All courses with an asterisk (*) have a pre-requisite.

Course	Credits	Course	Credits	Course	Credits
∋ Eng 12*		∋ Eng 24*		∋ HE 14	

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

III. DEPARTMENT REQUIREMENTS: 4 credits
LIB 001 "Intro to the Liberal Arts" – (Required during the first year)   **1 credit**
Capstone Course – (Required during the last semester and designaed by the faculty of the
involved discipline)   **3 credits**

<u>Students may take up to 9 credits or 3 courses in one discipline as listed in Groups A, B and C.</u>

IV. GENERAL EDUCATION REQUIREMENTS: 47 credits in Groups A, B and C
Group A (Arts and Humanities)   **18 credits**
Art, Music **or** Theatre Arts
Speech, Literature and Philosophy
Foreign Language **(recommended)**

Group B (Behavioral and Social Sciences)   **18 credits**
SOC 31, SOC 35, PSY 11 **and** PSY 32 (or 24)
Plus six (6) additional credits in any of the following: American Politics, American History,
Non-American History, Anthropology, Psychology or Sociology

Group C (Mathematics and Sciences)   **11 credits**
Mathematics
Science with laboratory

ELECTIVES: 2 credits sufficient to meet total of   **60 credits**

SEMESTER: Fall_____   Spring_____

Course	Credits/Equated Credits
1.	
2.	
3.	
4.	
5.	

MODULE: Winter_____ Summer _____

Course	Credits/Equated Credits
1.	
2.	

MODULE: Winter_____ Summer _____

Course	Credits/Equated Credits
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 read and understand that this is what I need in order to satisfy my degree requirements.

Advisor Signature: _____ Student Signature: _____ Date:_____