

Last Name: _____ First Name: _____ Date: _____

ID#: XXX-XX-_____ MAJOR: **SPEECH COMMUNICATION**
(SPEECH PATHOLOGY CONCENTRATION) (55A)

I. DEVELOPMENTAL REQUIREMENTS:

- ⊃ Student Passed/Exempt Reading CUNY Examination
 - ⊃ Student Failed Reading CUNY _____ score
 - ⊃ Student Passed/Exempt Writing CUNY Examination
 - ⊃ Student Failed Writing CUNY _____ score
 - ⊃ Student Passed CUNY Math or COMPASS
 - ⊃ Student Failed CUNY Math or COMPASS
- Old Test: Parts 1 and 2 _____
(Total Score)
- COMPASS: 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
⊃ Eng 12*		⊃ Eng 24*		⊃ HE14	

(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:

Course	Credits	Course	Credits	Course	Credits	Course	Credits
⊃ SPE 12 or SPE 26		⊃ SPE 25		⊃ SPE 29		⊃ SPE 41	
⊃ SPE 24		⊃ SPE 27		⊃ SPE 40			

IV. GENERAL EDUCATION REQUIREMENTS: Minimum of 23 credits

- A. Arts and Humanities**
Foreign Language – Literature – Philosophy 4 – 6 credits
- B. Behavioral and Social Sciences**
Anthropology – Psychology – Sociology 6 credits
Economics – History – Political Science 6 credits
- C. Mathematics and Sciences** 7 – 8 credits
A mathematics course **and** a laboratory science course selected from:
Biology – Chemistry – Earth & Planetary Science – Physics

ELECTIVES: 5 – 8 credits sufficient to meet required total of 60 credits

SEMESTER: Fall _____ Spring _____

MODULE: Winter _____ Summer _____

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

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 reviewed and understand the information listed above.

Advisor Signature: _____ Student Signature: _____ Date: _____