



Last Name: _____ First Name: _____ Date: _____

ID#: XXX-XX-_____ Major: **ACCOUNTING (TAX CONCENTRATION – 9B)**

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*		☞ HE 14	

(One (1) Writing Intensive course in any discipline from any category is required. Such courses are designated with “W”.)

III. DEPARTMENT REQUIREMENTS:

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

Course	Credits	Course	Credits	Course	Credits	Course	Credits
☞ ACC 11*		☞ ACC 21*		☞ BA 11		☞ ECO 12*	
☞ ACC 12*		☞ ACC 22*		☞ BA 12		☞ ECO 14	
☞ ACC 41*		☞ ACC 42*		☞ BA 60			
Recommended Elective: ☞ ACC 43*				Note: ACC 21, 22, and 31 are only offered during FALL and SPRING			

IV. GENERAL EDUCATION REQUIREMENTS: 16 CREDITS

Nine (9) credits from Groups A and B: A minimum of three (3) credits from each group plus three (3) more credits in another discipline from either Group.

- A. Arts and Humanities 3 – 6 credits**
Disciplines: Art – Foreign Language – Literature – Media & Film Studies – Music – Philosophy – Speech – Theatre Arts (Excluded are Art Studio, Music Studio, Theatre production & skills courses)
- B. Behavioral and Social Sciences 3 – 6 credits**
Disciplines: Anthropology – Economics – History – Political Science – Psychology – Sociology
- C. Mathematics and Sciences 7 credits**
A mathematics course **and** a laboratory science course selected from:
Biology – Chemistry – Earth & Planetary Science – Physics

ELECTIVES: 0 credits required to meet 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 read and understand that this is what I need in order to satisfy my degree requirements.

Advisor Signature: _____ Student Signature: _____ Date: _____