



Last Name: _____ First Name: _____ Date: _____

ID#: XXX-XX-_____ MAJOR: PHYSICAL THERAPIST ASSISTANT (44)

I. DEVELOPMENTAL REQUIREMENTS:

- | | |
|---|---|
| <p>☞ Student <u>Passed/Exempt</u> Reading CUNY Examination</p> <p>☞ Student <u>Passed/Exempt</u> Writing CUNY Examination</p> <p>☞ Student <u>Passed</u> CUNY Math or COMPASS</p> | <p>☞ Student <u>Failed</u> Reading CUNY _____ score</p> <p>☞ Student <u>Failed</u> Writing CUNY _____ score</p> <p>☞ 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 ___</p> |
|---|---|

II. COLLEGE REQUIREMENTS: 6 credits

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

| Course | Credits | Course | Credits |
|-----------|---------|-----------|---------|
| ☞ Eng 12* | | ☞ Eng 24* | |

(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. All courses with a plus (+) have a co-requisite.

| Course | Credits | Course | Credits | Course | Credits | Course | Credits |
|--|---------|-----------|---------|-----------|---------|------------|---------|
| ☞ BIO 11* | | ☞ PTA 2*+ | | ☞ PTA 6* | | ☞ PTA 10*+ | |
| ☞ BIO 12* | | ☞ PTA 3* | | ☞ PTA 7*+ | | ☞ PTA 20*+ | |
| ☞ PTA 1*+ | | ☞ PTA 4*+ | | ☞ PTA 8*+ | | ☞ PTA 25*+ | |
| ***Only students officially accepted to the PTA program can take PTA courses | | ☞ PTA 5*+ | | ☞ PTA 9* | | | |

IV. GENERAL EDUCATION REQUIREMENTS: 9 credits

- | | |
|---|-----------|
| <p>A. <u>Arts and Humanities</u> Public Speaking (SPE 21)</p> | 3 credits |
| <p>B. <u>Behavioral and Social Sciences</u> General Psychology (PSY 11)</p> | 3 credits |
| <p>C. <u>Mathematics and Sciences</u> Statistics (MAT 20) Laboratory science satisfied by Department requirements</p> | 3 credits |

ELECTIVES: 1 credit sufficient to meet required total of 68 credits

SEMESTER: Fall _____ Spring _____

| Course | Credits/Equated Credits |
|--------|-------------------------|
| 1. | credits |
| 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 reviewed and understand the information listed above.

Advisor Signature: _____ Student Signature: _____ Date: _____