



Last Name: _____ First Name: _____

Emplid# _____

MAJOR: COMMUNITY HEALTH (A.S.)
HEALTH SERVICES ADMINISTRATION CONCENTRATION

English Placement: _____

Math Placement: _____

COLLEGE REQUIREMENTS/REQUIRED CORE:

12 credits

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

Course	Credits	Course	Credits	Course	Credits	Course	Credits
∋ Eng 12*		∋ Eng 24*		∋ Mathematical & Quantitative Reasoning		∋ Life & Physical Sciences	

CIVIC ENGAGEMENT REQUIREMENT

Two (2) Civic Engagement experiences-satisfied by CE-Certified or CE-Component courses or approved outside activity. ∋ Exp. One ∋ Exp. Two

WRITING INTENSIVE REQUIREMENT

One (1) Writing Intensive course in any discipline

Note: Go to KCC website: Click on the QUICK LINKS tab for a list of CE and writing intensive courses.

FLEXIBLE CORE: 18 credits*

One course from each Group A – E plus an additional course from any Group. No more than two courses in the same discipline. Requirements for the major may also fulfill Flexible Core requirements where indicated.

	Course	Credits
A.	World Cultures and Global Issues	
B.	U.S. Experience in its Diversity	
C.	Creative Expression	
D.	Individual and Society	
E.	Scientific World	
	Another course selected from Groups from A-E	

DEPARTMENT REQUIREMENTS FOR THE MAJOR

27-28 credits

Note: All courses with an asterisk (*) have a pre-requisite. (~) Students who demonstrate proficiency in computer concepts may request permission from the Program Directors to complete 3 credits in Health Education instead.

Course	Credits	Course	Credits	Course	Credits	Course	Credits	Course	Credits
∋ COH 11		∋ COH 13*		∋ BA 60/TEC 25*/CP 11*~		∋ BA 31*		∋ HPE 12	
∋ COH 12*		∋ COH 20*		∋ BA 11		∋ ECO 13* or ECO 12*			

ELECTIVES: 2-3 credits required to meet total of

60 credit

Course	Credits	Course	Credits	Course	Credits	Course	Credits

12 – Week Semester	6 – Week Module	12 – Week Semester	6 – Week Module

Note: This Academic Plan is subject to change based on successful completion of any prerequisites and/or remedial course work required.

____ 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 to discuss accommodations.

____ All students enrolled in special programs should also consult with their program advisor for future planning.

____ I have read and understand that this is what I need to satisfy my degree requirements.

Advisor (Print Name): _____ Student Signature: _____ Date: _____