

Last Name: _____ First Name: _____

Emplid# _____ MAJOR: **BIOLOGY –ALLIED HEALTH (A.S.)**

English Placement: _____ Math Placement: _____

COLLEGE REQUIREMENTS/REQUIRED CORE: 14 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 (MAT 1400*)		Life & Physical Sciences (BIO1300*, BIO 1400*, BIO 1100*, BIO 1200*, CHM 1100*, or CHM 1200*)	

CIVIC ENGAGEMENT REQUIREMENT

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

WRITING INTENSIVE REQUIREMENT

One (1) Writing Intensive course in any discipline _____ Completed

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

FLEXIBLE CORE:

20 credits*

Twelve (12) credits with one (1) course from four (4) groups selected from **A-D**. **No more than two courses from the same discipline.** Remaining Flexible Core should include the below designated courses for Group E and another course selected from Group E

	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- BIO 1300*, BIO 1400*, BIO 1100*, BIO 1200*, CHM 1100*, or CHM 1200*	
	Another course selected from Group E- BIO 1300*, BIO 1400*, BIO 1100*, BIO 1200*, CHM 1100*, or CHM 1200*	

DEPARTMENT REQUIREMENTS FOR THE MAJOR:

15-16 credits*

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
Eng 13*		Eng 11*		CHM 11*		CP 11 or BIO/CIS 60*	
Eng 14*		BIO 12*		CHM 12*			

ELECTIVES: 10-11 credits sufficient to meet required total of

60 credits

Recommended Allied Health Transfer Elective BIO/MAT 9100*

Course	Credits	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: _____