

NAME _____

LBCC Graduation Worksheet 2007 - 2008

ID. NO. _____

**Associate Of Applied Science
Instructional Assistant**

AAS 5076

Instructions: Use this Worksheet to track your progress toward graduation. You must be able to check off all the boxes on each page to receive this degree. The college catalog and your advisor are two resources you can turn to if you need help. When you are within two terms of completion, meet with your advisor and have him or her sign this form. You should apply for graduation one term prior to the term you and your advisor determine you will meet all the requirements for completion. **When you apply for graduation you must attach this form to your application. Your application is incomplete without this form signed by your advisor.**

General Education Requirements Are Approved By the Admissions & Records Office

WRITING Credits
WR 121 English Composition..... 3 _____

SPEECH
SP 218 Interpersonal Communication..... 3 _____

MATH
MTH 065 Elementary Algebra 4 _____

HEALTH & PE (Select 3 credits)
HE 112 Emergency First Aid (1)
HE 125 Occupational Safety & Health (3)
HE 225 Social & Individual Health Determinants (3)
HE 252 First Aid (3)
HE 261 CPR (1)
PE 180 Activity Courses (1)
PE 185 Activity Courses (1)
PE 190 Activity Courses (1)
PE 231 Lifetime Health & Fitness (3) 3 _____

PERSPECTIVES
Science, Tech & Society (see catalog page 171)..... 3 _____
Cultural Diversity & Global Awareness
ENG 221 Children's Literature..... 3 _____

Degree Evaluator Date

| FOR OFFICE USE ONLY | | | | |
|---------------------------|-----------------|---------------|------------|---|
| Credit Toward This Degree | Total Cr. _____ | LBCC Cr _____ | GPA _____ | Approved <input type="checkbox"/> Denied <input type="checkbox"/> |
| Registrar | Date | | AP 5076 WE | |

PROGRAM REQUIREMENTS

Advisor Instructions: This is the student's official record of their progress. The student must present this form to the Admissions Office when they apply for graduation. Please address each requirement by checking off completed courses, indicating which courses the student plans to take, and clearly documenting substitutions or waivers.

PROGRAM REQUIREMENTS ARE APPROVED BY THE DEPARTMENT & ADVISOR

| | | Credits | | Waivers/ Substitutions | Advisor Initials | Date Approved |
|----------|---|---------|--------------------------|---------------------------|---------------------|------------------|
| CIS 125 | Intro Software Applications..... | 3 | <input type="checkbox"/> | _____ | | |
| ED 101A | Observation & Guidance | 3 | <input type="checkbox"/> | _____ | | |
| ED 102A | Education Practicum | 3 | <input type="checkbox"/> | _____ | | |
| ED 123 | Reading Instruction | 4 | <input type="checkbox"/> | _____ | | |
| ED 124 | Mathematics & Science Instruction | 4 | <input type="checkbox"/> | _____ | | |
| ED 216 | Purpose/Structure/Function of Ed in Democracy | 3 | <input type="checkbox"/> | _____ | | |
| ED 219 | Multicultural Issues in Ed Settings..... | 3 | <input type="checkbox"/> | _____ | | |
| ED 252 | Behavior Management..... | 3 | <input type="checkbox"/> | _____ | | |
| ED 282 | Work with Children/ Special Needs | 3 | <input type="checkbox"/> | _____ | | |
| ED7.710 | Principles of Observation | 3 | <input type="checkbox"/> | _____ | | |
| ED7.725 | Job Search Skills..... | 1 | <input type="checkbox"/> | _____ | | |
| HDFS 229 | School-Age & Adolescent Dev. | 3 | <input type="checkbox"/> | _____ | | |
| OA 121 | Keyboarding | 1-2 | <input type="checkbox"/> | _____ | | |

Select 33 -34 additional elective credits in _____
 Consultation with Ed/Child & Family Studies advisor

Students who wish to specialize in Library Assisting should take the elective listed on page 68 of the General catalog.

CHANGES MUST ALSO BE APPROVED BY DIVISION DIRECTOR OR DEAN

Admissions & Records will perform a final evaluation to ensure all courses have been completed with appropriate grades before this degree is awarded to the student. Requirements such as general education, total credits and grade point average must be approved by the Registrar.

DEPARTMENT ADVISOR
 Program requirements/proposed substitutions and waivers meet with my approval. Reasons for any changes are indicated on the appropriate line above.

DIVISION DIRECTOR or DEAN
 Changes and/or substitutions in the program requirements have my approval.

 Program Advisor Signature Date

 Division Director or Dean Signature Date