

NAME \_\_\_\_\_

**LBCC Graduation Worksheet 2009 - 2010**

ID. NO. \_\_\_\_\_

**Associate of Applied Science  
Child & Family Studies**

**AAS 5596**

**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**

**Composition** Credits  
WR 121 English Composition..... 3  \_\_\_\_\_

**Speech**  
SP 218 Interpersonal Communication..... 3  \_\_\_\_\_

**Mathematics**  
MTH 065 Elementary Algebra ..... 4  \_\_\_\_\_

**Health & PE (select 3 credits)**  
HE 252 First Aid ..... 3  \_\_\_\_\_

**Perspectives**  
Science, Technology & Society (see catalog page 166) ..... 3  other course work may substitute \_\_\_\_\_  
Cultural Diversity & Global Awareness  
ENG 221 Children's Literature..... 3  \_\_\_\_\_

Degree Evaluator \_\_\_\_\_

Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
Credit Toward This Degree			
Total Cr. _____	LBCC Cr _____	GPA _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Registrar _____		Date _____	AP 5596A LS

**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. CHANGES MUST ALSO BE APPROVED BY DIVISION DIRECTOR OR DEAN**

Official Use		Credits	Waivers/ Substitutions	Advisor Initials	Date Approved
<input type="checkbox"/>	ED7.710	Principles of Observation .....	3	<input type="checkbox"/>	_____
<input type="checkbox"/>	ED7.725	Job Search Skills.....	1	<input type="checkbox"/>	_____
<input type="checkbox"/>	ED 101	Observation & Guidance .....	3	<input type="checkbox"/>	_____
<input type="checkbox"/>	ED 102	Education Practicum.....	3	<input type="checkbox"/>	_____
<input type="checkbox"/>	ED 103	Extended Education Practicum.....	3	<input type="checkbox"/>	_____
<input type="checkbox"/>	ED 152	Creative Activities/Dramatic Play.....	3	<input type="checkbox"/>	_____
<input type="checkbox"/>	ED 179	Literature, Science & Math .....	3	<input type="checkbox"/>	_____
<input type="checkbox"/>	ED 252	Behavior Management.....	3	<input type="checkbox"/>	_____
<input type="checkbox"/>	ED 282	Work with Children/ Special Needs .....	3	<input type="checkbox"/>	_____
<input type="checkbox"/>	HDFS 225	Child Development.....	3	<input type="checkbox"/>	_____
<input type="checkbox"/>	HDFS 233	Professional Foundations Early Childhood.	3	<input type="checkbox"/>	_____
<input type="checkbox"/>	HDFS 248	Learning Experiences for Children .....	3	<input type="checkbox"/>	_____
<input type="checkbox"/>	HDFS 249	Infant & Toddler Care.....	3	<input type="checkbox"/>	_____
<input type="checkbox"/>	HDFS 261	Working with Individuals & Families .....	3	<input type="checkbox"/>	_____

Select one

- HDFS 201 Contemporary Families in the US ..... 3  \_\_\_\_\_
- SOC 222 Marriage & Family Relationships ..... 3  \_\_\_\_\_
  
- Ed 104 Advanced Practicum  
Or Electives..... 12  \_\_\_\_\_
  
- Additional Electives ..... 16  \_\_\_\_\_

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