

Last Name: _____ First Name: _____ Date: _____

ID#: XXX-XX-_____ **MAJOR: RETAIL MERCHANDISING**
(MARKETING MANAGEMENT CONCENTRATION) (39B)

I. DEVELOPMENTAL REQUIREMENTS:

- ☞ Student Passed/Exempt Reading CUNY Examination
 - ☞ Student Failed Reading CUNY _____ score
 - ☞ Student Passed/Exempt Writing CUNY Examination
 - ☞ Student Failed Writing CUNY _____ score
 - ☞ Student Passed CUNY Math or COMPASS
 - ☞ Student Failed CUNY Math or COMPASS
- Old Test:** Parts 1 and 2 _____
 (Total Score)
COMPASS: M1 _____ M2 _____ M3 _____ M5 _____

II. COLLEGE REQUIREMENTS: 7 credits

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

Course	Credits	Course	Credits	Course	Credits
☞ Eng 12*		☞ Eng 24*		☞ HE 14	

(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.

Course	Credits	Course	Credits	Course	Credits
☞ BA 11		☞ RM 31		☞ RM 30*	
☞ BA 12		☞ RM 33		☞ BA 52*	
☞ BA 14*		☞ RM 34*		☞ ACC 11*	
☞ BA 60*		☞ RM 92*			

IV. GENERAL EDUCATION REQUIREMENTS: 16 – 17 credits

Nine (9) credits from Groups A and B: A minimum of three (3) credits from each group plus three (3) more credits in another discipline from either Group A or B.

- A. Arts and Humanities** 3 – 6 credits
Disciplines: Art – Foreign Language – Literature – Media & Film Studies – Music – Philosophy – Speech – Theatre Arts (Excluded are Art Studio, Music Studio, Theatre production & skills courses)
- B. Behavioral and Social Sciences** 3 – 6 credits
Disciplines: Anthropology – Economics (excluding ECO 14) – History – Political Science – Psychology – Sociology
- C. Mathematics and Sciences** 7 – 8 credits
A mathematics course **and** a laboratory science course selected from:
Biology – Chemistry – Earth & Planetary Science – Physics

ELECTIVES: 0 – 3 credits sufficient to meet required total of 60 credits

SEMESTER: Fall _____ Spring _____

MODULE: Winter _____ Summer _____

Course	Credits/Equated Credits
1.	
2.	
3.	
4.	
5.	

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: _____