



SULLIVAN
COUNTY COMMUNITY COLLEGE
S · U · N · Y

**2020-2021 Contract of Study: Course Requirements & Suggested Sequence
Direct Support Practice - Certificate (Minimum 30 Credits)**

Name: _____ **ID #:** _____
Address: _____
Tel No: () _____ **Cell:** () _____
Email: _____ **Date:** _____

Code DS	Course #	Course Name	Cr	Term/grade	Notes
Pre-Program Requirements					
<input type="checkbox"/>	Math Comp				
First Semester:					
<input type="checkbox"/>	PSY 1500	General Psychology	3		Full Semester
<input type="checkbox"/>	MHA/SOC 1510	Introduction to Human Services	3		First Intensive Block
<input type="checkbox"/>	MHA 1520	Introduction to Behavioral Principles	3		Second Intensive Block
<input type="checkbox"/>	MHA 1521	Human Services Practicum	3		Third Intensive Block
<input type="checkbox"/>	MHA 2110 or HUM 1304	Professional Ethics in Human Services OR Ethics (by advisement)	3		10 Week Block
Second Semester: 15					
<input type="checkbox"/>	MHA 2511	Introduction to Developmental Disabilities	3		
<input type="checkbox"/>	PSY 2510	Developmental Psychology	3		
<input type="checkbox"/>	PSY 2506	Abnormal Psychology	3		
<input type="checkbox"/>	ENG 1001	Composition I	3		
<input type="checkbox"/>	Elective	A Liberal Arts Elective	3		
GRADUATION			Degree date:	15	Total Credits Earned:

By signing this contract, I commit myself to study and work until I have successfully completed this program. My advisor acknowledges my commitment and pledges to support my endeavors.

Student Signature: _____ Date: _____
 Advisor Signature: _____ Date: _____