



SULLIVAN  
COUNTY COMMUNITY COLLEGE

**2022-2023 Contract of Study: Course Requirements & Suggested Sequence  
Food Service - Certificate - 31 Credits**

**Name:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel No:** ( ) \_\_\_\_\_ **Cell:** ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Cole FS	Course #	Course Name	Cr	Term/ grade	Notes
<b>Pre-Program Requirements</b>					
<input type="checkbox"/>	Math Comp				
<b>First Semester:</b>					
<input type="checkbox"/>	BUS 1101	Business Mathematics	3		
<input type="checkbox"/>	CUL 1104	Introduction to Food and Baking	3		
<input type="checkbox"/>	CUL 1340	Beverage Service	2		
<input type="checkbox"/>	CUL 1907	Sanitation and Safety	2		
<input type="checkbox"/>	ENG 1001	Composition I	3		
<b>Second Semester:</b>			<b>13</b>		
<input type="checkbox"/>	BUS 1652	Human Resource Management	3		
<input type="checkbox"/>	CUL 1206	Principles of Baking	2		Offered spring only
<input type="checkbox"/>	CUL 1312	Hospitality Purchasing	3		
<input type="checkbox"/>	CUL 1702	Applied Nutrition Lab	1		Offered spring only
<input type="checkbox"/>	CUL 2104	Culinary Arts Theory & Development	3		
<input type="checkbox"/>	ENG 1301	Fundamentals of Speech	3		
<input type="checkbox"/>	SCI 1024	Nutrition	3		
<b>GRADUATION</b>		<b>Degree date:</b>	<b>18</b>		<b>Total Credits Earned:</b>

**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: \_\_\_\_\_