



SULLIVAN  
COUNTY COMMUNITY COLLEGE

**2023-2024 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
<b>Pre-Program Requirements</b>					
<input type="checkbox"/>	Math Comp				
<b>First Semester:</b>					
<input type="checkbox"/>	PSY 1500	General Psychology	3		Full Semester
<input type="checkbox"/>	MHA 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 <b>OR</b> Ethics (by advisement)	3		10 Week Block
<b>Second Semester:</b>				<b>15</b>	
<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		
<b>GRADUATION</b>			<b>Degree date:</b>	<b>15</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: \_\_\_\_\_