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**General Occupational / Technical Studies**

**Associate in Applied Science degree**

**Program Coordinator: Laura Lynch E-mail:** **laura.lynch@kctcs.edu** **Phone: 859-246-6583**

**Program Website:** [**https://bluegrass.kctcs.edu/education-training/program-finder/general-occupational-technical-studies.aspx**](https://bluegrass.kctcs.edu/education-training/program-finder/general-occupational-technical-studies.aspx)

**Student Name: Student ID:**

***Students must meet college readiness benchmarks as identified by the Council on Postsecondary Education or remedy the identified skill deficiencies.***

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| **First Semester** | **Credit Hours** | **Term** | **Grade** | **Prerequisites** | **Notes** |
| Heritage or Humanities course | 3 |  |  |  |  |
| Natural Sciences course | 3 |  |  |  |  |
| Quantitative Reasoning course | 3 |  |  |  |  |
| Social and Behavioral Sciences course | 3 |  |  |  |  |
| Written Communication course | 3 |  |  |  |  |
| Additional General Education coursework | 0 – 5  |  |  |  | An Oral Communications course is highly recommended |
| **Total Semester Credit Hours** | **15 – 20**  |  |  |  |

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| **Second Semester** | **Credits** | **Term** | **Grade** | **Prerequisites** | **Notes** |
| Digital Literacy course | 0 – 3 |  |  |  | Digital Literacy can be demonstrated by competency exam or certification or completion of a digital/ computer literacy course. |
| Technical courses | 15 |  |  |  |  |
| **Total Semester Credit Hours** | **15 – 18**  |  |  |  |

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| **Third Semester** | **Credits** | **Term** | **Grade** | **Prerequisites** | **Notes** |
| Technical courses | 15 |  |  |  |  |
| **Total Semester Credit Hours** | **15** |  |  |  |

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| **Fourth Semester** | **Credits** | **Term** | **Grade** | **Prerequisites** | **Notes** |
| Technical courses | 15 |  |  |  |  |
| **Total Semester Credit Hours** | **15** |  |  |  |
| **Total Credential Hours** | **60 – 68** |  |  |  |

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| * **25% or more of Total Degree Credit Hours must be earned at BCTC**
* **Cumulative GPA must be 2.0 or higher**
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**Graduation Requirements:**

**Advisor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**