

Area of Concentration Courses:		Units	Status
COMM DIS 1	Intro: Speech & Language Development	3.0	
COMM DIS 2	Comm. Dis.: Speech Path. & Audio.	3.0	
COMM DIS 3	Comm. Dis.: Therapy Analysis & F.P.	4.0	
COMM DIS 5	Comm. Dis.: Materials & Procedures	3.0	
COMM DIS 7	Comm. Dis.: Service Delivery Issues	3.0	
COMM DIS 9	Comm. Dis.: Assess. & Remediation	3.0	
CDEV 34	Children with Special Needs	3.0	
FCS/HS 19	Human Development	3.0	
PE 1D	Beginning Swimming for Health	1.5	
PE 9A	Beginning Conditioning: Individual	1.5	
PSYCH 1	Introduction to Psychology	3.0	
SL 1	Beginning Sign Language	3.0	
BIM 38 <u>OR</u>	Office Technologies	3.0	
BIM 39 <u>OR</u>	Office Management	3.0	
BIM 81	Records Management & Filing	3.0	

General Education: (minimum 24 units)		Units	Status
BIOL 11	Natural Science	4.0	
POLSC 1	Social Science Group A	3.0	
CDEV 21	Social Science Group B	3.0	
HUM 4	Humanities	3.0	
ENG 1A	Learning Skills - A ("C" or better)	3.0	
MATH 82 *	Learning Skills - B ("C" or better)	4.0	
COM ST 3	Learning Skills - C ("C" or better)	3.0	
COM ST 7	Contemporary Perspectives	3.0	

** Or higher (AGBUS 13, PHILO 30 not acceptable)

SAN JOAQUIN DELTA COLLEGE: 2006-2007 Associate in Science Degree
 Area of Concentration in Communication: Speech Language Pathology Assistant

Name (last, first): _____

Student ID _____ Date _____

Evaluator _____

GPA COMPUTATION:

Units Attempted	Units Passed	Grade Points	GPA	Notes:

EVALUATION

<input type="text"/>	Units completed toward AS Degree	<input type="text"/>	AP/IB Exams
<input type="text"/>	AS Units in Progress - Term: _____	<input type="text"/>	Military
<input type="text"/>	Total AS Semester Units		

TRANSFERRED UNITS:

NEEDED TO COMPLETE GRADUATION REQUIREMENTS:

Minimum 63.0 AS-applicable units: _____

Maintain Minimum GPA of 2.00: _____

General Education: _____

Area of Concentration: _____

Other: _____

FINAL ACTION:

Approved by _____ Date _____

_____ Hon. Mention _____ Honors _____ High Honors _____ Highest Honors
 _____ SUM _____ FALL _____ SPR _____ GPA: _____
 Term ending date: _____

Denied by _____ Date _____