

**AS in Science: FULL-TIME DAY****RECOMMENDED COURSE SEQUENCE****School of Mathematics and Science****AS in Science Program****Teacher Preparation Specialization – Full-time Day**

**Program Description:** *The Teacher Preparation Specialization of the AS in Science degree program is designed for persons who plan to transfer to a four-year college or university in a major that requires a background in the sciences, and who plan to teach at the elementary, middle, or secondary school level.*

Notes:

- Scheduling notes are indicated by \* or \*\* and appear below each semester.
- Curriculum notes are indicated by <sup>1</sup> or <sup>2</sup> or <sup>3</sup>, etc., and appear at the end.

**FIRST YEAR****Fall Semester**

Course ID	Course No.	Course Title	Contact Hrs.	Credit Hrs.	Advisor Initials
ENG	111	College Composition I	3	3	
SDV	107*	Career Education (Teaching)	2	2	
_____	_____ <sup>1</sup>	Approved Laboratory Science I	6	4	
MTH	166 or 173	Precalculus w/Trigonometry or Calculus with Analytic Geo. I	5	5	
CSC	_____ <sup>1</sup>	Computer Science Elective	3-4	3-4	
			<b>TOTAL</b> 19-20	<b>TOTAL</b> 17-18	

\*Students enrolling in SDV 107 need to be available during daytime hours for a 10 clock-hour observation field experience.

**Spring Semester**

Course ID	Course No.	Course Title	Contact Hrs.	Credit Hrs.	Advisor Initials
ENG	112	College Composition II	3	3	
_____	_____ <sup>1</sup>	Approved Laboratory Science II	6	4	
MTH	240 <sup>2</sup> or 270 or 173 or 174	Statistics or Applied Calculus or Calculus w/Analytic Geo. I or Calculus w/Analytic Geo. II	3-5	3-5	
GEO	210 or 220*	People and the Land: Intro to Cultural Geography or World Regional Geography	3	3	
_____	_____ <sup>3</sup>	Health or Physical Education Elective	2-4	2	
			<b>TOTAL</b> 17-21	<b>TOTAL</b> 15-17	

\* GEO 210 and GEO 220 may be offered in alternate semesters.

**AS in Science: FULL-TIME DAY****SECOND YEAR****Fall Semester**

Course ID	Course No.	Course Title	Contact Hrs.	Credit Hrs.	Term Offered	Advise Initial
_____	____ <sup>1</sup>	Math or Lab Science Elective	3-6	3-5	F, Sp, Su	
_____	____ <sup>1</sup>	Approved Laboratory Science I	6	4	F, Sp, Su	
HIS	101 or 121	History of Western Civ. I or United States History I	3	3	F, Sp, Su	
_____	____ <sup>1</sup>	Humanities Elective	3	3	F, Sp, Su	
EDU	200*	Introduction to Teaching As a Profession	4	3	F, Sp	
			<b>TOTAL</b> 19-22	<b>TOTAL</b> 16-18		

\*Students enrolling in EDU 200 need to be available during daytime hours for a 40 clock-hour observation/internship field experience.

**Spring Semester**

Course ID	Course No.	Course Title	Contact Hrs.	Credit Hrs.	Term Offered	Advise Initial
_____	____ <sup>1</sup>	Math or Lab Science Elective	3-6	3-5	F, Sp, Su	
_____	____ <sup>1</sup>	Approved Laboratory Science II	6	4	F, Sp, Su	
HIS	102 or 122	History of Western Civ. II or United States History II	3	3	F, Sp, Su	
SPD	110*	Introduction to Speech Communication	3	3	Sp	
ECO	201 or 202	Principles of Economics I— Macroeconomics or Principles of Economics II— Microeconomics	3	3	F, Sp, Su	
			<b>TOTAL</b> 18-21	<b>TOTAL</b> 16-18		

\*One section only may be offered. Check course schedule for day and time.

<sup>1</sup>A list of approved electives is available in the school office.

<sup>2</sup>MTH 173-174 is recommended for students planning to major in Physics or Chemistry. Students not prepared for MTH 173 may be required to take MTH 166 prior to taking MTH 173.

<sup>3</sup>Two credit hours of HLT or PED from one or more courses is required.

**AS in Science: FULL-TIME DAY**  
**TO BE COMPLETED BY ADVISOR AND STUDENT**

Advisor Name: \_\_\_\_\_ Advisor Phone: \_\_\_\_\_  
Student Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_  
Student Email: \_\_\_\_\_ Student Phone: \_\_\_\_\_

Advisor:  
I have covered all information necessary for the above student to be fully aware of what is required for graduation with an Associate of Science – Teacher Preparation Specialization. I have advised the student of all elective choices as necessary in the course sequence. I have made an agreement with the student to meet in each consecutive semester following this advising session so that we may re-evaluate the student’s progress and next step toward graduation. I will put into writing any substitutions of courses not specifically listed in the curriculum that I approve. I have provided the student with my contact information so that the student may reach me with questions regarding my advice and their course sequences.

\_\_\_\_\_  
Advisor Signature Date

Student:  
I have listened to all information that my advisor (listed above) has given me regarding what is required for my graduation with an Associate of Science – Teacher Preparation Specialization. I understand all my elective choices as necessary in the course sequence. I will contact my advisor with any questions I have regarding courses to take or any courses I wish to substitute into my curriculum and I will not register for courses not specified in my curriculum without the permission of my advisor.

\_\_\_\_\_  
Student Signature Date

**Advisor:** Please make a copy for yourself before allowing student to take the original copy.

**For further information please contact:**  
Dr. Harriet R. Morrison  
Director, Center for Teacher Education  
804.523.5543 (ph)  
[hmorrison@reynolds.edu](mailto:hmorrison@reynolds.edu)