



\_\_\_\_\_  
Name

\_\_\_\_\_  
Email

**YOU NEED TO KNOW**

- Details on this checklist are subject to change including course rotation and availability, pre-requisites, and/or course credit hours. Maintain contact with your assigned advisor to make sure you remain informed of any such changes.

NOTES

\_\_\_\_\_  
DEPARTMENT CHAIR / DESIGNEE SIGNATURE

**CORE COURSES**

| Course Title / Requirement Name     | Rotation | Pre-Requisite(s)        | Course Number | Semester | Credit | Grade |
|-------------------------------------|----------|-------------------------|---------------|----------|--------|-------|
| Beginning American Sign Language I  | F Sp     |                         | ASL 110       | _____    | _____  | _____ |
| Beginning American Sign Language II | F Sp     | ASL 110                 | ASL 111       | _____    | _____  | _____ |
| American Sign Language III          | F        | ASL 111 (min. grade: C) | ASL 201       | _____    | _____  | _____ |
| American Sign Language IV           | Sp       | ASL 201 (min. grade: C) | ASL 202       | _____    | _____  | _____ |
| Deaf Culture and Community          | F        | Sophomore Standing      | ASL 326       | _____    | _____  | _____ |
| Deaf History in America             | F        | Sophomore Standing      | ASL 327       | _____    | _____  | _____ |
| Aspects of Deaf Life                | Sp       | ASL 326                 | ASL 400       | _____    | _____  | _____ |

**COURSE SUBSTITUTIONS**

| Required Course | Substitute Course | Semester | Credit | Grade | Required Course | Substitute Course | Semester | Credit | Grade |
|-----------------|-------------------|----------|--------|-------|-----------------|-------------------|----------|--------|-------|
| _____           | _____             | _____    | _____  | _____ | _____           | _____             | _____    | _____  | _____ |
| _____           | _____             | _____    | _____  | _____ | _____           | _____             | _____    | _____  | _____ |
| _____           | _____             | _____    | _____  | _____ | _____           | _____             | _____    | _____  | _____ |
| _____           | _____             | _____    | _____  | _____ | _____           | _____             | _____    | _____  | _____ |