

Columbus State Community College

Plan of Study

Business Office Administration

Bookkeeping Certificate

Name _____
 Student # _____
 Date Entered _____
 Advisor _____

**BUSINESS AND ENGINEERING
 TECHNOLOGIES DIVISION**
 Effective Autumn Semester 2016

FIRST SEMESTER		G/T/B	CR	
BOA 1102	Excel I	T	2	
BOA 1111	Bookkeeping	T	3	
TOTAL			5	

SECOND SEMESTER		G/T/B	CR	
BOA 1117	Payroll	T	1	
BOA 1122	QuickBooks	T	2	
BOA 1172	Excel II	T	2	
TOTAL			5	

SUMMER SEMESTER		G/T/B	CR	

THIRD SEMESTER		G/T/B	CR	

FOURTH SEMESTER		G/T/B	CR	

CERTIFICATE REQUIREMENTS	
TOTAL CERTIFICATE CREDIT HOURS	10