

# Rockwall University

## Degree Plan

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Street Apt. No.

\_\_\_\_\_ City State Zip

E-mail \_\_\_\_\_

Department \_\_\_\_\_ Work Phone \_\_\_\_\_

Hours Needed	Course	Hours Completed	Date course was taken	Instructor's Initials
3	<b>Core Courses</b>			
3	City Council/City Managers Office			
3	Human Resources Management			
3	Operations of the Police Department			
3	Operations of the Fire Department			
3	Public Budgeting & Finance			
3	Community Development			
3	Engineering/Public Works			
3	Balanced Scorecard			
	<b>Elective Courses-Choose 4 of the following</b>			
	Internal Operations			
	Building Inspection			
	Code Enforcement			
	Parks and Recreation			
	Economic Development Corporation			
	Leadership Rockwall			
	Rockwall ISD Overview			
	Internship			
	Special Project			

Total Hours Earned \_\_\_\_\_

Total hours needed 36

Signature \_\_\_\_\_

