



# Tohono O'odham Community College



## Culinary Arts Certificate II

**Culinary Arts Certificate I is a Prerequisite for this Certificate**

NAME:	TOCC ID:
TOCC EMAIL:	PHONE NUMBER:
TERM OF ADMISSION:	EXPECTED GRADUATION YEAR/TERM:
ACADEMIC ADVISOR:	FACULTY ADVISOR:

### General Education Courses:

Note: All courses are 3 cr hrs unless otherwise indicated

COURSE PREFIX	COURSE NAME	REPLACEMENT COURSE	SEMESTER	YEAR	CREDITS	GRADE	MET
WRT 102	Writing II						
CIS 100	Introduction to Computers						
<b>Total General Education Credits Needed: 6</b>				<b>Total Earned Credits:</b>			

### Core Requirements:

COURSE PREFIX	COURSE NAME	REPLACEMENT COURSE	SEMESTER	YEAR	CREDITS	GRADE	MET
CUA 210	ServSafe						
CUA 220	Professional Cooking II (4 cr)						
CUA 230	Indigenous and Sustainable Foods						
CUA 235	Baking & Pastry I						
CUA 240	Culinary Arts Nutrition						
<b>Total Core Credits Needed: 16</b>				<b>Total Earned Credits:</b>			
<b>Total Program Credits Needed: 22</b>				<b>Total Earned Credits:</b>			

## Culinary Arts Certificate II

**Culinary Arts Certificate I is a Prerequisite for Culinary Arts Certificate II**

The Culinary Arts Certificate Program is designed to provide graduates with the necessary skills and knowledge to become gainfully employed in the Culinary Arts field at the entry level. Graduates of the program will have fundamental culinary knowledge, the national food handler's certification ServSafe, and technical skills necessary to succeed in the field

### Program Learning Outcomes:

1. Identify Safety & Sanitation culinary principles.
2. Recognize the appropriate terminology and equipment used in the culinary arts field.
3. Summarize professional cooking knowledge, concepts, and methods.
4. Describe effective communication skills using teamwork in the feed service industry

**Students:**

You must secure official approval by your advisor(s) before submitting the **final** Program of Study. By signing or entering your name below, you agree to the following statement: "Students are responsible for complete knowledge of Academic Catalog requirements in their degree plan and for adhering to all policies in Academic Catalog and Student Handbook."

**Signature Panel:**

Please indicate approval of the curriculum on the Program of Study by placing your signature (formal electronic signatures are permitted) in the space provided.

Student:	Date:
Academic Advisor:	Date:
Faculty Advisor:	Date:
Registrar:	Date:
Dean of Academics:	Date: