MyCAA Education & Training Plan (ETP)

Louisiana State University Shreveport
Division of Continuing Education and Public Service
One University Place | Shreveport, LA 71115-2399
https://www.ce.lsus.edu/

Student Information:

| Student Name: | Enter student name |
|----------------------------|---|
| School Issued Student ID: | N/A |
| Program Name: | Sociology Certificate Program with Externship |
| Program Type: | Certificate |
| Program Duration: | 6 Months |
| Scheduled Start Date: | Enter program start date |
| Estimated Completion Date: | Enter program end date |
| Course Delivery Format | Online |
| Codisc Delivery Format | Offine |

Program Overview:

Throughout this program, students will take a look at culture, values, socialization, cooperation, conflict, inequality, deviance, violence, social conflict and control alongside the different social stratifications that make up our existence, our relationships and our everyday lives. The program focuses on globalization, cultural diversity, critical thinking, new technology, and the growing influence of mass media. Students who complete this program will gain a comprehensive understanding of Sociology, its origins, theories, applications and implications. This course explores sociological processes that underlie everyday life.

Certification/Licensure Eligibility upon Program Completion:

Students should have or be pursuing a high school diploma or GED.

- There are no state approval and/or state requirements associated with this program.
- There is a National Certification exam available to students who successfully complete this program:

☐ Microsoft Office Specialist (MOS) Certification Exam.

Tuition Cost:

\$3,799

Course Breakdown:

| Course/Program Code | Course/Program Title | Course Credits (if applicable) |
|--|---|---|
| LSUS-A-SOC | Sociology Certificate Program with Externship | 375 Contact Hours/ 37.5 CEU's |
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| School Official Certifica | ation: | |
| By my signature below, I con named in this document. | ertify the above information is true, accura | ate, complete, and being submitted on behalf of the institution |
| | | _ |
| Signature/Title of Authorized School Official | | Date |
| | | |
| School Official Printed Fi | rst and Last Name | School Official E-mail and Phone Number |