FUNDAMENTALS OF AEROSPACE CNC OPERATIONS - CERTIFICATE, 2010-2011
CERTIFICATE PLAN (Graduation Check Sheet)

NAME _____ **MGC ID#** _____

REQUIREMENTS SATISFIED

N/A Constitution N/A CPC - SS
N/A History N/A CPC - FL N/A CPC - NS ____ Residency Minimum 2.0 GPA ____

COURSES	Grade	Hours Passed
ASTP 1010		
ASTP 1129		
ASTP 1130		
ASTP 2120		
TOTAL SEMESTER HOURS EARNED		
TOTAL MIN. SEMESTER HOURS NEEDED		**16**

CURRENT SCHEDULE	NEEDS

☐ Check here if student plans to continue his/her education at MGC in another program of study. If so, list major code here _____ for the new program of study.

Notes:

Advisor Name _____

Advisor Signature _____

Date _____

Asst. Reg
Signature_____

Date_____