

Bachelor of Applied Science in Aeronautical Management Technology

Aviation Maintenance Management Technology

2003-2004 Curriculum Check Sheet

College of Technology and Applied Sciences

Student Name _____	ID. Number _____
A.A.S. Degree _____	Date A.A.S. Degree Granted _____
A.A.S. Degree Granting Institution _____ ASU Catalog Year <u>2003-2004</u>	
B.A.S. Academic Department <u>Aeronautical Management Technology</u>	Advisor _____
Number of Upper Division Transfer Credits _____	Expected Graduation Date _____
Institution of Transfer Course Work (Upper Division Only) _____	

General Studies Sequence (19 Hours)

	ASU	Transfer	Transfer From	Grade
Numeracy in Technology - ASC 315	3			
Physical Science in Technology - ASC 325	4			
Literacy [L1] ENG 301	3			
Humanities [HU] REL 321 [H] [C]	3			
Social Science [SB] POS 310	3			
General Studies [HU or SB] REL 379 [G]	3			

(Suggested courses are tinted) Sub Total 19 Hrs. ____

B.A.S. Area Core (15 Hours)

	ASU	Transfer	Transfer From	Grade
IMC 346 Management Dynamics OR ITM 344 Industrial Organizations OR ITM 452 Industrial Human Resource Mgt	3			
TWC 400 Technical Communications	3			
APM 301 Introductory Statistics	3			
GIT 335 Computer Systems Technology	3			
IMC 470 Project Management	3			

Sub Total 15 Hrs. ____

Aviation Maintenance Management Technology (20 Hours)

	ASU	Transfer	Transfer From	Grade
AMT 308 Air Transportation	3			
AMT 350 Aircraft Design & Logistical Management	3			
AMT 396 The Aviation Professional	1			
AMT 408 National Aviation Policy	3			
AMT 410 Aviation Safety & Human Factors	3			
AMT 442 Aviation Law & Regulations	3			
AMT 491 Aviation Management Captstone	3			
AMT xxxTechnical Elective (Upper Div.)	1			

Sub Total 20 Hrs. ____

Assignable Credits (6 Hours)

	ASU	Transfer	Transfer From	Grade
	3			
	3			

Sub Total 6 Hrs. ____

BAS Degree Summary

Credit Hours

A.A.S. Degree Block	60
General Studies	
B.A.S. Area Core	
Digital Media Management	
Assignable Credits	

Total (120 Hours Minimum) ____

Advisor Comments

Total Upper Division Hours ____

Total ASU Resident Hours ____

_____ Student Signature	_____ Date	_____ Dean Signature	_____ Date
_____ Advisor/Chair Signature	_____ Date	_____ University Signature	_____ Date