

**Bachelor of Applied Science in Aeronautical Management Technology**

**Aviation 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>2002-2003</u>	
B.A.S. Academic Department <b>Aeronautical Management Technology</b>	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] <b>ENG 301</b>	3			
Humanities [HU] <b>REL 321 [H] [C]</b>	3			
Social Science [SB] <b>POS 310</b>	3			
General Studies [HU or SB] <b>REL 379 [G]</b>	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			
STP 420 Introductory Applied Statistics	3			
GIT 335 Computer Systems Technology	3			
IMC 470 Project Management	3			

Sub Total 15 Hrs. \_\_\_\_\_

**Aviation Management Technology (20 Hours)**

	ASU	Transfer	Transfer From	Grade
AMT 308 Air Transportation	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 494 Air Transportation Research	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**

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**Total Upper Division Hours** \_\_\_\_\_

**Total ASU Resident Hours** \_\_\_\_\_

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