

**Bachelor of Applied Science Degree**

**Emergency Management**

2005-2006 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>2005</u>	
B.A.S. Academic Department <b>Information and 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 - ASC 315	3			
Science - ASC 325	4			
Literacy [L] <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	3			
ITM 452 Ind. Human Resource Management	3			
TWC 400 Technical Communications [L]	3			
APM 301 Introduction to Statistics [MA]	3			
GIT 335 Computer Systems Technology	3			

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

**Emergency Management (20 Hours)**

	ASU	Transfer	Transfer From	Grade
ETM 301 Environmental Management	3			
ETM 360 Introduction to Emergency Management	3			
ETM 362 Managing Natural & Technological Disasters	3			
ETM /FSM 363 Computer Applications in Emerg.Mgt.	3			
ETM 364 Toxicology & Biohazards for Emerg. Mgt.	3			
ETM/FSM 460 Incident Mgt Sys&Emerg Oper Center	3			
ETM 494 Technical Project	2			

Sub Total 20 Hrs. \_\_\_\_\_

**Assignable Credits (6 Hours)**

	ASU	Transfer	Transfer From	Grade
ETM 461 Contingency Planning	3			
ETM 468 Simulators and Exercising	3			

Sub Total 6 Hrs. \_\_\_\_\_

**BAS Degree Summary**

**Credit Hours**

A.A.S. Degree Block Transfer	60
General Studies	
B.A.S. Area Core	
Emergency 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