

Plan of Study

Name of Program: Engineering & Electronics Technology **Credential:** Communications Technician certificate

Location: Somerset Campus & Laurel Campus **Program Liaison:** Curt Null & David Coffey

STUDENT NAME: _____

Student ID Number _____

First Semester				Credit hours
<input type="checkbox"/>	ELT	100	Circuits I	5
<input type="checkbox"/>	ELT	114	Circuits II	5
<input type="checkbox"/>	ELT	210	Devices I	4
<input type="checkbox"/>				
			Total Credits	14

Second Semester:				Credit hours
<input type="checkbox"/>	ELT	214	Devices II	4
<input type="checkbox"/>	ELT	120	Digital 1	3
<input type="checkbox"/>	ELT	240	Communications Electronics	6
<input type="checkbox"/>				
<input type="checkbox"/>			Total Credits	13
<input type="checkbox"/>				
			Total Credits for Certificate	27

Special Notes:

Student Signature

Date

Advisor Signature

Date