AAS-T Fall 2021

Name	EMP	EMPLID						Date:		
Email Address	Antic	Anticipated Quarter of Completion								
	Fall_	Fall Winter Spring Summer						20		
Mailing Address	<u> </u>			City/State				Zip Code		
INFORMATION TECHNOLOGY	Prog	gram	min	g & IT Su	ppor	t				
SECTION 1				SECTION II	ECTION II SECTION			1. Place an "X" in the		
				Code:	Do Not Wr)			
				T=Transfer	In This	3		appropriate column of		
	This	This Past Next C=Challenge Section Qtr Qtr Qtr W=WorkExp.		n		Section 1.				
	Qtr				2. Enter codes for					
Certificate (Must complete 1 of 4)				_				Transfers, Challenges and Work Experience		
Computer Network Support (CNS)					47			in Section II. 3. Return this form to the Registrar's Office		
CMST& 220 Public Speaking					5					
IT 111 Programming Fundamentals					5					
IT 115 Intro to Software Development & Vers.					5			in Room BE 1104.		
IT 231 Linux Fundamentals					5					
Software Development & Testing (SD&T)					47			1		
CMST& 220 Public Speaking					5					
IT 130 Network Essentials					5			1		
IT 231 Linux Fundamentals					5					
IT 250 Introduction to Security					5			1		
Application Development (AD)					47			1		
CMST& 220 Public Speaking					5			1		
IT 231 Linux Fundamentals					5					
IT 250 Introduction to Security					5					
Health Information Technology (HIT)					45					
AHE 107 Introduction Healthcare Leadership					3]		
BTM 275 Computer User Support					5]		
IT 111 Programming Fundamentals					5					
IT 115 Intro to Software Development & Vers.					5					
IT 125 Intro to Data Analytics					5					
IT 250 Introduction to Security					5					
General Education										
ENGL& 101 English Composition I					5					
ENGL& 102 English Composition II					5					
HUM 105 Intercultural Communications					5]		
MATH& 146 Statistics					5]		
Natural Science or Social Science Elective					5					
Tota					90-94					
Evaluator	Date	Ass	ociate	Dean	Date	Dear	1	Date		