

LBCC GRADUATION WORKSHEET 2005-2006

NAME _____

ID. NO. _____

CERTIFICATE

Collision Repair Technology One-Year

C1 5383

INSTRUCTIONS: Use this worksheet to track your progress toward graduation. You must be able to check off all the boxes on the checklist to receive this certificate. The college catalog and your advisor are two resources you can turn to if you need help. When you are nearing completion, meet with your advisor and have him or her sign this form. You should apply for graduation one term prior to the term you and your advisor determine you will have met the requirements for completion. **When you apply for graduation you must attach this form to your application. Your application is incomplete without this form signed by your advisor.**



Degree Evaluator

Date

FOR OFFICE USE ONLY

Credit Toward This Degree

Total Cr. _____ LBCC Cr. _____ GPA _____ Approved Denied

Registrar

Date

CI 5383 EI

PROGRAM REQUIREMENTS LISTED ON REVERSE SIDE

Advisor Instructions: This is the student's official record of their progress. The student must present this form to the Admissions Office when they apply for graduation. Please address each requirement by checking off completed courses, indicating which courses the student plans to take, and clearly documenting substitutions or waivers.

PROGRAM REQUIREMENTS ARE APPROVED BY THE DEPARTMENT ADVISOR

		Credits	Waivers/ Substitutions	Advisor Initials	Date Approved
CR3.511	Collision Repair & Refinishing Basics	12 q			
CR3.512	Collision Repair & Refinishing Procedures	12 q			
CR3.513	Shop Procedures.....	12 q			
CR3.515	Damage Analysis	2 q			
CR3.518	Collision Repair Welding	2 q			
MTH 020	Basic Math	4 q			
WE1.280X	CWE Autobody Repair	1 q			
WR 115	Intro to College Writing	3 q			

CHANGES MUST ALSO BE APPROVED BY
DIVISION DIRECTOR OR DEAN

Admissions & Records will perform a final evaluation to ensure all courses have been completed with appropriate grades before this certificate is awarded to the student. Requirements such as general education, total credits and grade point average must be approved by the Registrar.

DEPARTMENT ADVISOR

Program requirements/proposed substitutions and waivers meet with my approval. Reasons for any changes are indicated and initialed on the appropriate line above.

DIVISION DIRECTOR or DEAN

Changes and/or substitutions in the program requirements have my approval.

Program Advisor Signature

Date

Division Director or Dean Signature

Date