



Bachelor of Science Applied Science (APSC) Work Sheet

Student Name: _____ ID: _____

Date: _____ Catalog Year: _____

Phone: _____ Email: _____

Degree: BS

Major: APSC

ACADEMIC CREDIT:

<i>Title</i>	<i>Institution</i>	<i>Hours</i>

Subtotal: _____

TECHNICAL CREDIT:

<i>Title</i>	<i>Institution</i>	<i>Hours</i>

Subtotal: _____

WORK EXPERIENCE: _____

TOTAL: 36 semester hours

Student Signature

Date

Advisor Signature

Date

Processed by & date: _____