BS Aviation Technical Specialty Approval Form

Student Name: _____ **Date:** _____

Student ID: _____ **Catalog Year:** _____

Degree: _____ **Major:** _____

Minor: (if any) _____

Technical Specialization (35 hours required):

Course Number	School	Date	Semester Hours	Grade

_____ _____

Student Signature Date

_____ _____

Faculty Advisor Signature Date

Processed by/Date: _____

Please return to: Founder's Hall 108 or Fax: 254-519-5486 or Email: records@tamuct.edu

Registrar's Office | 1001 Leadership Place | Killeen, TX 76549 | (254) 501-5857

Approved by Academic Council 11/11