

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - AS in Office Technology (5092)
Department of Applied Technology

Student Name: _____ SSN# _____
 Address: _____ Email: _____
 _____ Telephone: _____
 Catalog Authority: 2004-05 Expected Completion: _____ Advisor: _____

ACT examination credits _____ CLEP examination credits _____

General Education Requirements (15 hours)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	
General Education Math (3)			Pick one course from the following:
Course (Credit): _____	_____	_____	MATH 105, 106, 111, 121, 131, 132, 171, 172, 221
ENGL 101 Comp & Rhetoric I (3)	_____	_____	
ECON 200 Basic Economics (3)	_____	_____	
Course (Credit): _____	_____	_____	} Select two Advisor approved General Education electives - 6 hours minimum
Course (Credit): _____	_____	_____	

Office Technology Core Requirements (48 hours)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
OFAD 102 Intro to Keyboarding (3)	_____	_____	OFAD 202 Compr Tech for Office (3)	_____	_____
OFAD 110 Intro to Word Process (3)	_____	_____	OFAD 206 Office Procedures (3)	_____	_____
OFAD 114 Records Management (3)	_____	_____	OFAD 208 Human Rel in Office (3)	_____	_____
OFAD 120 Intermed Word Process (3)	_____	_____	OFAD 228 Professional Office Appl (3)	_____	_____
OFAD 123 Business Commun. I (3)	_____	_____	OFAD 234 Admin Office Mgmt (3)	_____	_____
OFAD 124 Windows & the Web (3)	_____	_____	OFAD 238 Adv Word/Info Process (3)	_____	_____
OFAD 125 Business Commun. II (3)	_____	_____	OFAD 248 Account Procedures I (3)	_____	_____
OFAD 141 Business Computns (3)	_____	_____	OFAD 250 Account Procedures II (3)	_____	_____

Guided Electives (6 hours minimum) Select at least two Advisor approved electives from the following:

Course (Credit): _____	_____	_____	OFAD 104, 112, 175, 194, 285, 294
Course (Credit): _____	_____	_____	CMPS 160 Computer Lit - PC
Course (Credit): _____	_____	_____	BSAD 300 Legal Environment for Mgrs.

Total Credit Hours (minimum of 69 required): _____

Original completed or (date): _____ **Copy to Registrar on (date):** _____

Updated on (date): _____ **Grad. Audit sent on (date):** _____

Student Signature: _____ **date:** _____

Advisor Signature: _____ **date:** _____