

**PROGRAM OF STUDIES  
FOR ADMINISTRATIVE ASSISTANT  
OCCUPATIONAL CERTIFICATE OF COMPLETION**  
(Submit to Graduation Office after all signatures obtained)

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Name of Program: Administrative Assistant**

**Completion Date:** \_\_\_\_\_

**REQUIREMENTS:**

**Core Requirements:**

Course #	Title	Credits	Term	Completed	Grade
ABUS 102A OR ABUS 102C	Keyboarding: Touch Typing Keyboarding: Document Formatting (depending on skill level)	1			
ABUS 154	Human Relations	3			
ABUS 170	Business English	3			
ABUS 182	Office Procedures	3			
ABUS 183	Advanced Job Readiness Skills	2			
ABUS 199	Practicum in Applied Business	1			
CIOS 133	Microcomputer Presentation Software	1			
CIOS 150	Computer Business Applications	3			
CIOS 231	Intro to Desktop Publishing	1			

**Additional Requirements:**

**Total Credits Required 18**

I certify that the above named student has successfully completed all of the requirements for this Occupational Certificate of Completion and request that it be posted to his/her transcript for \_\_\_\_\_ semester \_\_\_\_\_ year.

Program Head: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(printed name)

Campus Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(printed name)

Dean: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Printed name)

For Enrollment Services Only:  
Process date \_\_\_\_\_ Processed by \_\_\_\_\_