

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

Student Name: _____ **Student ID:** _____

Name of Program: Facility Maintenance for CTT Program

Completion Date: _____

REQUIREMENTS:

Core Requirements:

Course #	Title	Credits	Term	Completed	Grade
CTT 130	Introduction to Facility Maintenance	1			
CTT 131	Interior Repairs: Drywall, Woodwork Trim, Window Replacement	1			
CTT 132	Flooring Installations: Vinyl, Wood, and Parquet	1			
CTT 133	Cabinet Installation with Countertops	1			
CTT 135	Boiler Troubleshooting & Burner Repair	2			
CTT 137	Appliance Troubleshooting and Repair	2			
CTT 138	Troubleshooting HVAC Systems	2			
CTT 151	Introduction to Plumbing Tools and Drawings	1			
CTT 153	Plastic and Copper Pipe and Fittings	1			

Additional Requirements:

Total Credits Required 12

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 _____