

**PROGRAM OF STUDIES  
FOR RURAL UTILITIES BUSINESS MANAGEMENT  
OCCUPATIONAL CERTIFICATE OF COMPLETION**

(Submit to Graduation Office after all signatures obtained)

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

**Name of Program: Rural Utilities Business Management**

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

**REQUIREMENTS:**

**Core Requirements:**

Course #	Title	Credits	Term	Completed	Grade
TM 130	Introduction to Utility Management	2			
TM 131	Organizational Management for Utilities	2			
TM 132	Operations Management for Utilities	2			
TM 134	Financial Management for Utilities	2			
TM 136	Personnel Management for Utilities	2			
TM 138	Planning for Utilities	2			

**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 \_\_\_\_\_