

**PROGRAM OF STUDIES
FOR FINANCIAL SERVICES REPRESENTATIVE
OCCUPATIONAL CERTIFICATE OF COMPLETION**

(Submit to Graduation Office after all signatures obtained)

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

Name of Program: Financial Services Representative

Completion Date: _____

REQUIREMENTS:

Core Requirements:

Course #	Title	Credits	Term	Complete	Grade
ABUS 120	Personal Finance and Investing	3			
ABUS 160	Principles of Banking	3			
ABUS 233	Financial Management	3			
ABUS 155	Business Math OR MATH 100 level or above	3			
ABUS 154	Human Relations OR ABUS 175 Customer Service	3			

Additional Requirements:

Plus Optional BA-253 Internship 1-3 credits

Total Credits Required 15

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 _____