Name: ___________________________________________________________________________________  
Last    First    Middle

Student ID #: _____________________________________________________________________________

Please print your name exactly as you wish it to appear on your diploma:
________________________________________________________________________________________

Anticipated Quarter of Completion:  ❑ Fall  ❑ Winter  ❑ Spring  ❑ Summer

Anticipated Year of Completion: ______________________  Catalog Year: ______________________

Mailing Address: __________________________________________________________________________
Street

__________________________________________________________________________
City  State  Zip

Phone: __________________________________________________________________________________

Email: ___________________________________________________________________________________

Are you also requesting to be awarded a high school diploma?  ❑ Yes  ❑ No
Are you a member of Phi Theta Kappa (PTK) Honor Society?  ❑ Yes  ❑ No
Do you wish to attend the commencement ceremony?  ❑ Yes  ❑ No

Student Signature: ______________________________________________ Date: __________________

Advisor/Counselor Signature: _____________________________________ Date: __________________

FOR OFFICIAL USE ONLY

GPA: __________  Honors ❑  High Honors ❑  Cum Laude ❑  Magna Cum Laude ❑  Summa Cum Laude ❑

Approved?  ❑ Yes ❑ No

Reason for Denial:  ❑ Insufficient credits for specific dept. distribution  ❑ Insufficient credits for degree
❑ Insufficient GPA  ❑ Other: ____________________________________________________________

Registrar Signature: ______________________________________________ Date: __________________

Ordered: ______________ Record: ______________ Mailed/Picked Up: ______________

Receipt #: ____________________________________________

Columbia Basin College complies with the spirit and letter of state and federal laws, regulations and executive orders pertaining to civil rights, equal opportunity and affirmative action. CBC does not discriminate on the basis of race, sex, color, national origin, religion, age, marital status, physical, mental or sensory disability, sexual orientation or veteran status in its educational programs or employment. Questions may be referred to Camilla Glatt, Vice President for Human Resources & Legal Affairs, (509) 542-5548. Individuals with disabilities are encouraged to participate in all college sponsored events and programs. If you have a disability and require an accommodation, please contact the CBC Resource Center, (509) 542-4412, or TTY/TDD at 542-0400. This notice is available in alternative media by request.
# Automotive Technology Certificate
## PROFESSIONAL TECHNICAL
### 2010-2011 Certificate Requirements

## Major Courses

<table>
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<tr>
<th>Course</th>
<th>No.</th>
<th>Course Title</th>
<th>Credits</th>
<th>Qtr. Completed</th>
<th>Comments/Substitution</th>
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<td>110</td>
<td>Introduction to Automotive Technology</td>
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<td>Introduction to Automotive Technology Lab</td>
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<td>Basic Electrical and Electronics</td>
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<tr>
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<td>Brakes/Suspension I</td>
<td>2</td>
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**Total Credits Required**: 42