MONTANA STATE UNIVERSITY BILLINGS

AUTOMOBILE COLLISION REPAIR
CERTIFICATE OF APPLIED SCIENCE

ADVISING WORKSHEET 2016-2017

City College   Name _____
Jacket Student Central
Phone: 406-247-3019   Student ID # _____
Fax: 406-247-3095

The required courses in this program begin in the fall semester.

Course			Credits	Grade	Semester	Equivalent
Recommended Preparatory Courses						
Required Preparatory Courses						

General Education Requirements

		Course	Credits	Grade	Semester	Equivalent
CAPP	120	Introduction to Computers	3			
COMX	106	Communicating in a Dynamic Workplace	3			
M	111	Technical Mathematics	3			
WRIT	104	Workplace Communications	3			

Required Courses*

		Course	Credits	Grade	Semester	Equivalent
ABDY	111	Introduction to Auto Body Repair	5			
ABDY	112	Minor Collision Repair	6			
ABDY	121	Automobile Body Structural Repair	6			
ABDY	122	Automobile Collision Mechanics	5			
TRID	140	Automobile Sheet Metal and Structural MIG Welding	2			

*The Collision Courses are currently taught every other year (rotating with the refinishing courses).

TOTAL MINIMUM CREDITS REQUIRED   36

A *grade of "C" or higher is mandatory in all required courses.*

Suggested Plan of Study

First Semester	Credits	Second Semester	Credits
ABDY 111	5	ABDY 121	6
ABDY 112	6	ABDY 122	5
WRIT 104	3	CAPP 120	3
M 111	3	COMX 1096	3
TOTAL	**17**	TRID 140	2
		TOTAL	**19**

Transcript evaluation (if applicable completed) by: _____on __/___/_____

Updated 12/27/17

2016-2017 Automobile Collision Repair CAS Plan of Study

MSU BILLINGS

City College

for_____

Date: _____

Semester _____

Course	Credits
Total	

Semester _____

Course	Credits
Total	

Fall _____ Semester

Course	Credits
ABDY 111	5
ABDY 112	6
Gen Ed:	3
Gen Ed:	3
Total	

Spring _____ Semester

Course	Credits
ABDY 121	6
ABDY 122	5
TRID 140	2
Gen Ed:	3
Gen Ed:	3
Total	

Semester _____

Course	Credits
Total	

Semester _____

Course	Credits
Total	

Number of earned credits that apply toward degree: _____

Number of credits left to earn for degree: _____

CERTIFICATION: The courses listed are **required** for the student's degree.

Advisor's Signature: _____   Date: _____

Student's Signature: _____   Date: _____

Updated 12/27/17