

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_ Advisor \_\_\_\_\_ 2016-17

**ARKANSAS STATE UNIVERSITY-NEWPORT**  
**CERTIFICATE OF PROFICIENCY**  
**Truck Service and Maintenance**

**A. Possible Prerequisites:** None required

**B. General Education Core:** None required

C. Major Technical Discipline: (8 credit hours)			Hours	Semester	Grade	Transfer
Course #	Course Title					(Univ. /year)
DT 1004	Service and Maintenance		_____	_____	_____	_____
DT 1022	Trailer Suspension ad Brake Systems		_____	_____	_____	_____
DT 1032	Brakes/Anti-lock Brake Systems		_____	_____	_____	_____
Total credit hours			_____			

**Minimum Required Credit Hours (8)**

Student's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Advisor's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Date Certificate Completed: \_\_\_\_\_