

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_ Advisor \_\_\_\_\_ 2019-20

**ARKANSAS STATE UNIVERSITY-NEWPORT**  
CERTIFICATE OF PROFICIENCY  
Automotive Heating and Air Conditioning

**A. Possible Prerequisites:** None required

**B. General Education Core:**

Course #	Course Title				(Univ. / year)
ENG 1203	Workplace Essentials	_____	_____	_____	_____

**C. Major Technical Discipline: (4credit hours)**

Course #	Course Title	Hours	Semester	Grade	Transfer (Univ. / year)
AST 1604	Automotive Heating & Air Conditioning	_____	_____	_____	_____

**Total credit hours** \_\_\_\_\_

**Minimum Required Credit Hours (7)**