



BS Aviation Technical Specialty Approval Form

Student Name: _____ Date: _____

Student ID: _____ Catalog Year: _____

Degree: _____ Major: _____

Minor: (if any) _____

Technical Specialization (35 hours required):

Course Number	School	Date	Semester Hours	Grade

Student Signature

Date

Faculty Advisor Signature

Date

Please Return to: Office of the Registrar Killeen, TX 76549 (254) 519-5452

Processed by: _____ Date: _____