

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - Associate of Applied Science in Computer Technology (0760)
Department of Applied Technology

Student Name: _____	ID#: _____
Address: _____	Email: _____
_____	Telephone: _____
Catalog Authority: _____	Advisor: _____
Expected Completion: _____	

Supporting Coursework (20 hours)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
ENGL 101 Comp & Rhetoric I (3)	_____	_____	MATH 111 Intermed Algebra (3)	_____	_____
COMM 110 Public Speaking (3)	_____	_____	MATH 131 College Algebra (4)	_____	_____
Pick one lab science course from the following (4 incl lab):			CMPS 111 Computer Lit - PC (3)	_____	_____
CHEM 121, 151, 152;	GEOL 101, 102, 201		Lecture: _____	(3)	_____
PHSC 101, 115, 171;	PHYS 151, 152, 171, 172		Lab: _____	(1)	_____

Computer Technology Core Requirements (33 hours)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
CTP 100 Intro to OS/Applicatn (3)	_____	_____	CTP 160 Security+ Certification (3)	_____	_____
CTP 105 Linux+ Certif Prep (3)	_____	_____	CTP 200 CCNA Cert Prep III (3)	_____	_____
CTP 110 CCNA Cert Prep I (3)	_____	_____	CTP 205 Server + (3)	_____	_____
CTP 150 PC Hardware/Software (3)	_____	_____	CTP 210 Home Tech Integration (3)	_____	_____
CTP 155 CCNA Cert Prep II (3)	_____	_____	CTP 230 Converged Networks (3)	_____	_____
			CTP 235 CCNA Cert Prep IV (3)	_____	_____

Select **one** of the options below: Networking or Cyber Security

Networking Option (12 hours)

CTP 240 Windows Server (3)	_____	_____
CTP 245 Windows Prof Prep (3)	_____	_____
CTP 250 Windows Network Infr (3)	_____	_____
CTP 281 Intrnshp/Tech Cmp Sup (3)	_____	_____

or

Cyber Security Option (18 hours)

CTP 115 Oper System Security (3)	_____	_____
CTP 165 Incident Response/Handl (3)	_____	_____
CTP 260 Comp System Forensics (3)	_____	_____
CTP 265 Firewalls/Netwrk Secur (3)	_____	_____
CTP 270 Security Mgmt Practices (3)	_____	_____
CTP 282 Internshp/Cyber Secur (3)	_____	_____

Total Credit Hours (minimum of 65 required): _____

Original completed on (date) _____

Copy to Registrar on (date): _____

Updated on (date): _____

Grad. Audit sent on (date): _____

Student Signature: _____

date: _____

Advisor Signature _____

date: _____