## WESTERN NEW MEXICO UNIVERSITY Degree Plan - Fast Track Certificate in Financial Services (5310) Department of Applied Technology

| Student Name:                           |                 |                              | ID#:                                |          |       |  |
|---|-----------------|------------------------------|-------------------------------------|----------|-------|--|
| Address:                                |                 |                              | Email:                              | Email:   |       |  |
|   |                 |                              | Telephone:                          |          |       |  |
| Catalog Authority: Expected Completion: |                 |                              | Advisor:                            |          |       |  |
| ACT examination credits:                |                 |                              | CLEP examination credits            |          |       |  |
| Fina                                    | ncial Service   | es Core Re                   | <u>quirements (15 credit hours)</u> |          |       |  |
| Course(Credits)                         | <u>Sem/Year</u> | Grade                        | Course(Credits)                     | Sem/Year | Grade |  |
| BOFT 123 Business Communictns I (       | (3)             |                              | FNSV 107 Svc Ind Acct/Bookkeepg     | (3)      |       |  |
|   | (3)             |                              | FNSV 110 Basic Office Suite         | (3)      |       |  |
| FNSV 103 Personal Finance (             | (3)             |                              |                                     |          |       |  |
|   | Other S         | ubstitute o                  | or Transfer Courses                 |          |       |  |
| Course(Credits)                         | <u>Sem/Year</u> | Grade                        | Course(Credits)                     | Sem/Year | Grade |  |
| Course:(                                | )               |                              | Course:                             | ( )      |       |  |
|   |                 |                              |                                     |          |       |  |
| Total Credit Hours (minimum             | of 15 requir    | ed):                         |                                     |          |       |  |
| Original completed on (date):           |                 | Copy to Registrar on (date): |                                     |          |       |  |
| Updated on (date):                      |                 |                              | Grad. Audit sent on (date):         |          |       |  |
| Student Signature:                      |                 |                              | da                                  | te:      |       |  |
| Advisor Signature:                      |                 |                              | da                                  | te:      |       |  |