

**WESTERN NEW MEXICO UNIVERSITY**  
**Degree Plan - Certificate in Welding Technology (0012)**  
**Department of Applied Technology**

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

**Deadline for Application for Graduation; June 1st for Fall; September 1st for Spring; February 1st for Summer.**

**Supporting Coursework (3 hours)**

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
BCIS 1110 Fundamentals of Information Literacy and Systems	(3)	_____

**Welding Core Requirements (31 credit hours)**

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
WLDT 105 Oxyacetylene Weldng	(2)	_____	WLDT 158 SMAW I Grv Opn V-Butt	(4)	_____
WLDT 120 Genl Welding Applic	(3)	_____	WLDT 162 SMAW I Opn Rt Pipe St	(4)	_____
WLDT 122 Safty/Hand & Pwr Tool	(2)	_____	WLDT 166 Tig Welding	(3)	_____
WLDT 131 Metal Cutting Process	(2)	_____	WLDT 202 SMAW II Grv Opn V-Butt	(3)	_____
WLDT 155 Shield Metal Arc Wld I	(3)	_____	WLDT 204 SMAW II Opn Rt Pipe St	(2)	_____
WLDT 157 Shield Metal Arc Wld II	(3)	_____			

**Other Substitute or Transfer Courses**

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
Course: _____ ( )	_____	_____	Course: _____ ( )	_____	_____
Course: _____ ( )	_____	_____	Course: _____ ( )	_____	_____

**Note: Please see Dept. Advisor about Industry and NCCER certifications**

**Total Credit Hours (minimum of 34 required):** \_\_\_\_\_

**Original completed on(date):** \_\_\_\_\_ **Copy to Registrar on (date):** \_\_\_\_\_

**Updated on (date):** \_\_\_\_\_ **Grad. Audit sent on (date):** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **date:** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ **date:** \_\_\_\_\_