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## MONTANA STATE UNIVERSITY BILLINGS

**AUTOMOBILE REFINISHING TECHNOLOGY  
CERTIFICATE OF APPLIED SCIENCE**
**ADVISING WORKSHEET 2019-2020**

City College  
Jacket Student Central  
Phone: 406-247-3019  
Fax: 406-247-3095

Name \_\_\_\_\_

Student ID \_\_\_\_\_

The required courses for this program begin in the fall semester of an odd year. The refinishing courses are taught every other year, rotating with the collision courses.

Course	Credits	Grade	Semester	Equivalent
<b>Recommended Preparatory Courses</b>				

<b>Required Preparatory Courses</b>				

**General Education Requirements**

COMX	106	Communicating in a Dynamic Workplace	3			
M	111	Technical Mathematics	3			
WRIT	104	Workplace Communications	3			

**Required Courses\***

ABDY	150	Refinish Safety	2			
ABDY	160	Automotive Undercoats	4			
ABDY	170	Automotive Topcoats	6			
ABDY	270	Advanced Refinishing	6			
ABDY	275	Waterborne Paint Systems	3			
AST	285	ASE Exam Prep	1			
TRID	152	Vehicle Heating, Ventilation & Air Conditioning	3			

**TOTAL MINIMUM CREDITS REQUIRED 34**  
A grade of "C" (2.0) or higher is mandatory in all courses

**Suggested Plan of Study**

Spring Semester	Credits	Fall Semester	Credits
ABDY 150	2	ABDY 270	6
ABDY 160	4	ABDY 275	3
ABDY 170	6	AST 285	1
TRID 152	3	COMX 106	3
WRIT 104	3	M 111	3
<b>Total</b>	<b>18</b>	<b>Total</b>	<b>16</b>

Transcript evaluation (if applicable completed) by: \_\_\_\_\_ on \_\_\_\_\_



# 2019-2020 Automobile Refinishing Technology CAS Plan of Study

Name \_\_\_\_\_

Student ID \_\_\_\_\_

Semester \_\_\_\_\_

Semester \_\_\_\_\_

Course	Credits	Course	Credits
<b>Total</b>		<b>Total</b>	

Fall Semester \_\_\_\_\_

Spring Semester \_\_\_\_\_

Course	Credits	Course	Credits
ABDY 150	2	ABDY 270	6
ABDY 160	4	ABDY 275	3
ABDY 170	6	AST 285	1
TRID 152	3	M 111	3
WRIT 104	3	COMX 106	3
<b>Total</b>		<b>Total</b>	

Semester \_\_\_\_\_

Semester \_\_\_\_\_

Course	Credits	Course	Credits
<b>Total</b>		<b>Total</b>	

Number of earned credits that apply toward certificate: \_\_\_\_\_

Number of credits left to earn for certificate: \_\_\_\_\_

**CERTIFICATION:** The courses listed are **required** for the student's certificate.

Advisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_