

Student Name:

FY:

Local Program Name: Foundations of Manufacturing

Student Type:

Schedule Type:

Cohort/Block Number:

Campus Offsite

|                      |                    |                                    |
|----------------------|--------------------|------------------------------------|
| CTSO                 | Distance Education | HOURS:                             |
| SkillsUSA            |                    | ADDITIONAL BREAK/INTERSSION DATES: |
| Class Schedule:      |                    | Start Date:                        |
| Day:                 | Monday             | Tuesday                            |
| Hours:               | Wednesday          | Thursday                           |
|                      | Friday             | End Date:                          |
| Weeks of Instruction | OCAS Code: 9676    | CIP Code: 48.0503                  |
|                      | CM Code: MN0036001 | SOC Code: 49-9071                  |

| COURSE #           | ACAD & OHLAP |       | COURSES                           | THEORY    | LAB       | TOTAL     | START DATE | END DATE | #DAYS | Grade | Notes |
|--------------------|--------------|-------|-----------------------------------|-----------|-----------|-----------|------------|----------|-------|-------|-------|
|                    | OCAS         | OHLAP |                                   |           |           |           |            |          |       |       |       |
|                    |              |       | Automated Design and Machining    | 10        | 25        | 35        |            |          |       |       |       |
|                    |              |       | Manufacturing Processes           | 10        | 5         | 15        |            |          |       |       |       |
|                    |              |       | Additive Manufacturing            | 10        | 5         | 15        |            |          |       |       |       |
|                    |              |       | Blueprints, Automation, & Welding | 5         | 15        | 20        |            |          |       |       |       |
| <b>TOTAL HOURS</b> |              |       |                                   | <b>35</b> | <b>50</b> | <b>85</b> |            |          |       |       |       |
|                    |              |       | Basic Fluid Power/Robotics        | 10        | 25        | 35        |            |          |       |       |       |
| <b>TOTAL HOURS</b> |              |       |                                   | <b>10</b> | <b>25</b> | <b>35</b> |            |          |       |       |       |

**TOTAL COMPLETED HOURS 45 75 120**

|                                                                                                                                                                                                |                           |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------|
| <b>Comments:</b>                                                                                                                                                                               |                           |               |
| In order to complete all hours of the academic program, students must complete additional ___ hours outside of the scheduled class time. Students will receive a written plan for these hours. |                           |               |
| <b>B &amp; I Certifications</b>                                                                                                                                                                |                           |               |
|                                                                                                                                                                                                | <b>Certification Name</b> | <b>Number</b> |
| <b>A-F?</b>                                                                                                                                                                                    |                           |               |
| Primary:                                                                                                                                                                                       |                           |               |
| Additional:                                                                                                                                                                                    |                           |               |

SIGNATURES:

Student: \_\_\_\_\_

Instructor: \_\_\_\_\_

Coordinator: \_\_\_\_\_

Administrative: \_\_\_\_\_