CENTRAL MICHIGAN UNIVERSITY
AUTHORIZATION FOR A COMPUTER INTEGRATED MANUFACTURING MAJOR

NAME _____ SOC.SEC.NO. _____/_____/_____
Last First Middle

MAJOR (TITLE): **COMPUTER INTEGRATED MANUFACTURING**

MINOR (TITLE) :_____ Degree Choice: _____

BULLETIN (under which student is completing graduation requirements) 19____ - ____

BULLETIN OF MAJOR (only if different & chosen from a subsequent Bulletin) 19____ - ____

I. Courses that **MUST** be completed by the student. (ONLY courses in this section may be required of students.)

REQUIRED CPS and IET COURSES:

CPS 170U (1) / 180 (3) / 181 (3) / 210 (3) / 280F (1) / 280__ (1) / 340 (3) / 360 (3)

IET 154 (3) / 359 (3) / 375 (3) / 377 (3) / 457 (3) / 477 (3) / 502 (3)

TOTAL REQUIRED COURSES: _____

II. **ELECTIVE HOURS**:

CPS Elective (6) hours, approved by CPS adviser.

IET Elective (6) hours, approved by IET adviser.

TOTAL ELECTIVES: _____

GRAND TOTAL SEMESTER HOURS: _____

STUDENT: Any Changes of REQUIRED COURSES, or GRAND TOTAL SEMESTER HOURS must be requested of your adviser. If approved, the adviser will complete and submit to the Registrar's Office a " Change of Authorization of Major, Concentration, or Minor", Form R-44

COMPLETE only if this is one of multiple majors, or replaces a previously authorized major:
1. This is a (a) ___2nd or (b) ___ 3rd major. (check one).
2. This is a (a) ___2nd or (b) ___3rd concentration. (check one).
3. This is to replace a previously authorized Major/Concentration in _____.

Signature of Student _____ Date _____

Adviser: Please remind students of the time line for completion of competencies (See Bulletin). Adviser is responsible for completion of all portions of this form and distribution of copies to:

__Registrar's Office (original), __Student, ___Adviser, ___Department office of adviser, and __ Certification Office (teaching major)

(PRINT) NAME OF ADVISER _____

Signature of Adviser _____ Date _____