BGSU FIRELANDS COLLEGE APPLICATIONS
FOR
ASSOCIATE OF TECHNICAL STUDY PROGRAM

Student Information:

Last Name	**First**	**M.I.**
Student ID	**Email**	**Phone**
Address Street	**City**	**State**

Career Objective(s): _____

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Name of technical concentration: _____

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Student Signature: _____

Advisor Signature: _____

Approval of ARB Committee/Comments: _____

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Proposed list of courses to be completed: Minimum 32 hours

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