## Transcripted Certificate in Building Systems Engineering Completion Form

Last Name	First Name		MI		University ID (K#)
Address	City	I	State		Zip
TAMUK Email	Hoi	me Phone	Cell Phone		Work Phone
Building Systems Engineering course below. If there is an a requires 9 SCH, 3 SCH must b "Additional SCH" in "Alternat	lterna e <b>in a</b>	ate, please write in the ddition to requirement	e complete titl nts for the B.S.	e of the or any	course. Certificate other credential (write
Transcripted Course Title	)	Semester / Year	Grade		Alternate Course
AEEN 3310 (Building Informatio		Completed			
Modeling)	•				
AEEN 4346 (Building Systems					
Integration)					
Date and Signature:				·I	
Verified By Provost Office or Registrar's Office? Yes No					
	<u> </u>		<u>-                                      </u>		
Approved Signatures:					
					_
				_	Date:
Certificate Coordinator [Printed Name]					
				_	Date:
Dean of College					
					Date:
Provost				_	
					Date:
Registrar				_	