AT-CTI
Request for Recommendation
Form 1002

Date Submitted: _____/_____/_____

Name: _____
                  Last   First   M.I.

M#: _____

Date of Graduation: _____/_____/_____

Degree to be awarded (B.S. OR M.S.): _____

Concentration (check one):

      _____ Administration   _____ Professional Pilot

      _____ Flight Dispatch   _____ Technology

      _____ Maintenance

      _____ Aviation Administration   _____ Aerospace Education

Minor: _____

Have you obtained a FAA 2nd Class Medical or a MTSU Air Traffic Control Medical?

                Yes _____   No _____

Would you like to receive an AT-CTI Certificate of Completion: Yes _____   No _____

      If yes, list a mailing address for the AT-CTI Certificate of Completion:

              _____

              _____

              _____

Please complete the following AT-CTI Curriculum Checklist:

Course	Grade	Semester/Year
AERO 1010: Introduction to Aerospace		
AERO 1020: Theory of Flight		
AERO 1230: Aviation Laws and Regulations		
AERO 2010: Aviation Weather		
AERO 2220: Navigation / AERO 2230: Professional Pilot		
AERO 3230: Crew Resource Management		
AERO 3210: Professional Pilot II / AERO 3510: IFR for Non-Pilots		
AERO 3630: Introduction to Air Traffic Control		
AERO 3631: Introduction to Air Traffic Control Lab		
AERO 3640: Air Traffic Control: Tower Operations		
AERO 3641: Air Traffic Control: Tower Operations Lab		
AERO 4530: Air Traffic Control (**If Applicable)**		
AERO 4560: Advanced Air Traffic Control **(If Applicable)**		
AERO 4650: Air Traffic Control: TRACON Operations		
AERO 4651: Air Traffic Control: TRACON Operations Lab		
AERO 4660: Air Traffic Control: En Route Operations		
AERO 4661: Air Traffic Control: En Route Operations Lab		

On page 3, write a brief summary on areas which you feel the AT-CTI program excelled and areas where the program could improve. Please write legibly.

Please allow two weeks after graduation for processing. No calls or other inquiries about recommendations will be accepted before the end of the two-week processing period.

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY

Overall GPA: _____   Major GPA: _____   AT-SAT Score: _____

Comments:
_____
_____
_____
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