

MyCAA Education & Training Plan (ETP)

The University of Texas at El Paso
Professional and Public Programs
101 W. Robinson Ave, Memorial Gym; Rm. 111 El Paso, TX 79968
915-747-7578
<http://www.ppp.utep.edu/>

Student Information:

Student Name: _____

School Issued Student ID: N/A

Program Name: Business Information Systems Professional Certificate Program with Externship C.14.30

Program Type: Certificate

Program Duration: 6 Months

Scheduled Start Date: _____

Estimated Completion Date: _____

Course Delivery Format Online

Program Overview:

The Business Information Systems Professional program examines the intricacies and uses of information technology from a business enterprise perspective. Students will explore the individual components and of business information technology systems, their interconnectivity, as well as the development of such components based on particular business types. Students will understand how various information systems are useful to enhance productivity and facilitate management practices. This program also introduces the various information and communications technologies available and explains how information systems are used to solve problems and make better business decisions.

Certification/Licensure Eligibility upon Program Completion:

Students should have or be pursuing a high school diploma or GED.

- There are no state approval and/or state requirements associated with this program.
- There is a National Certification exam available to students who successfully complete this program:
 - Microsoft Office Specialist (MOS) Certification Exam.

Tuition Cost:

\$3,799

Course Breakdown:

Enter each course or block of study in the table below for which MyCAA financial assistance is being requested. Insert additional rows as needed to accommodate all required coursework.

Course/Program Code	Course/Program Title	Course Credits (if applicable)
UTEP -B-INFO	Business Information Systems Professional Certificate Program with Externship	375 Contact Hours/ 37.5 CEU's

School Official Certification:

By my signature below, I certify the above information is true, accurate, complete, and being submitted on behalf of the institution named in this document.

Signature/Title of Authorized School Official

Date

School Official Printed First and Last Name

School Official E-mail and Phone Number