## CAREER/TECHNICAL EDUCATION COURSE ARTICULATION CREDIT REQUEST

Complete at the high school and submit to the college Tech Prep Coordinator

Student Name:		
Social Security No:	Phone:	
Address:		_
High School:	Counselor:	
This student plans to enter in the Semester Year		(program of study)
CAREER/TECHNICAL courses for whi	ich articulated credit is requested:	
High School Program	Graduation Date	
Course		
Course	Course grade	
Course		
Course	Course grade	
I certify that the above named individual succe Secondary Teacher or Career/Tech Administra	•	Date
Signature of High School Counselor	Date	
Submit to: Tech Prep/Technical Course Articu	lation Credit Coordinator, (Insert college	e name and address here.)
Phone, FAX		
	For College Use Only	
Course(s) for which credit is to be awarded:		
Date:		
Signature of the Program Coordinator:		Date:
Signature of Registrar or Designee:		Date:

It is the policy of the Alabama Community College System that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program, activity, or employment.