

**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 _____ (program of study)
in the _____ Semester _____ Year

CAREER/TECHNICAL courses for which articulated credit is requested:

High School Program _____	Graduation Date _____
Course _____	Course grade _____
Course _____	Course grade _____
Course _____	Course grade _____
Course _____	Course grade _____

I certify that the above named individual successfully completed the courses listed.

Secondary Teacher or Career/Tech Administrator Signature _____ Date _____

Signature of High School Counselor _____ Date _____

Submit to: Tech Prep/Technical Course Articulation Credit Coordinator, (Insert college 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: _____