

**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, \_\_\_\_\_

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: \_\_\_\_\_