## 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 which ar                    | ticulated credit is requested:      | :                           |
| High School Program                                      | Graduation Date                     |                             |
| Course   | Course grade                        |                             |
| Course   | Course grade                        |                             |
| Course   | Course grade                        |                             |
| I certify that the above named individual successful     | ly completed the courses listed.    |                             |
| Secondary Teacher or Career/Tech Administrator Signature | gnature                             | Date                        |
| Signature of High School Counselor/Registrar             | Г                                   | Date                        |
| Submit to: Tech Prep/Technical Course Articulation       | n Credit Coordinator, (Insert colle | ege 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.