

TO BE COMPLETED BY STUDENT

Student's Name _____ ACC ID _____

Address _____
street city st zip

School _____

Secondary CTE Instructor's Name _____

Secondary School Counselor's Name _____

Career Tech Ed Program _____

Career Tech Ed Program Completion Date: Month _____ Year _____

High School Graduation date: Month _____ Year _____

Student's Signature _____ Date _____

HIGH SCHOOL COURSE or MOS SPECIALIST EXAM IN CTE PROGRAM THAT QUALIFIES FOR ARTICULATION

High School Course # _____ High School Course or MOS Exam Title _____ Date Completed (mm/yy) _____

High School Course # _____ High School Course or MOS Exam Title _____ Date Completed (mm/yy) _____

High School Course # _____ High School Course or MOS Exam Title _____ Date Completed (mm/yy) _____

ACC CLASS TO ARTICULATE

ACC Course # _____ ACC Course Title _____ Credits _____

Student's high school transcript is attached and reflects appropriate course was taken and completed with a B grade or better, or the student's required MOS Specialist Exam results are attached as indicated in the articulation agreement.

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ACC Registrar, 108 Van Lare Hall _____ Date _____