

ARTICULATED CREDIT REQUEST FORM

TO BE COMPLETED BY STUDENT

Student Name: _____

Address _____
Street City State Zip

ID#: _____ Phone: _____

I agree to permit my High School/Career Technical Center instructor/Records Office to provide Southern State with the information needed on this form.

Date of High School Graduation and/or CTC program completion Student's signature Date

TO BE COMPLETED BY HIGH SCHOOL/CAREER AND TECHNICAL CENTER INSTRUCTOR/OFFICE

Name(s): _____

School/Center Name: _____

School/Center Address: _____
Street City State Zip

My signature in docn /TT(5491.caAn)2(t (s)Tj tt[2(t)]TJ 2159 ()CID 13SS474r)5(SS474r)5(S2C 0.002 To