## 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 enterYear		(program of study)
CAREER/TECHNICAL courses for whic	h articulated credit is requested:	
High School Program		
Course		
Course	•	
Course		
Course	Course grade	
I certify that the above named individual succe Secondary Teacher or Career/Tech Administrat		Date
Signature of High School Counselor/Registrar_	I	Date
Submit to: Tech Prep/Technical Course Articul	lation Credit Coordinator, (Insert colle	ege name and address here.)
Phone, FAX		
I	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.