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APPLICATION FOR ARTICULATION CREDIT—HIGH SCHOOL

STUDENT'S NAME _____ STUDENT ID OR U.I.C. NO _____ DATE OF BIRTH _____

ADDRESS: NUMBER _____ STREET _____

CITY _____ ZIP _____ PHONE _____

HIGH SCHOOL _____ GRADUATION YEAR _____ HIGH SCHOOL DISTRICT _____

MCC Articulation Agreement Name _____

Course Titles:

I verify that the above named student, has met all of the secondary components required by the current Articulation Agreement, and hereby request that college credit be given for the following high school course(s) as stipulated in the Articulation Agreement:

STUDENT'S SIGNATURE _____ PRINTED NAME _____ DATE _____

HIGH SCHOOL INSTRUCTOR(S) SIGNATURE _____ PRINTED NAME _____ DATE _____

HIGH SCHOOL PRINCIPAL OR DESIGNEE _____ PRINTED NAME _____ DATE _____

FOR OFFICE USE ONLY

Approved Denied

MCC Courses	Credit Hours	Rationale: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approval

ASSOCIATE DEAN/PROGRAM DIRECTOR _____ DATE _____

NOTE: Articulation credit is applied when you are an enrolled student at Macomb Community College and meet the terms of the specific agreement.

DIRECTOR OF ENROLLMENT SERVICES/REGISTRAR OR DESIGNEE _____ DATE _____