



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(s)/Records Office to provide Southern State with the information needed on this form.

Date of High School Graduation Student's signature Date

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

Name (s): _____

School/Center Name: _____

School/Center Address: _____
Street City State Zip

My signature indicates that my former student has achieved the knowledge and skills agreed upon in the _____ articulation agreement and should receive ___ advanced standing credits for the Southern State course(s) set forth in the **attached** agreement.
Program

Instructor Signature(s): _____ Date: _____

Record's Office Signature: _____ Date: _____

SOUTHERN STATE COMMUNITY COLLEGE APPROVAL

I approve the granting of advanced standing credit as indicated on this form. Credits will be granted upon completion of ___ credits at Southern State Community College as specified in the agreement.

Vice President of Academic Affairs Date

Record's Office Date Received _____
Date SSCC credit completed _____
Date Credit posted _____
Copy to student _____