



**Mt. SAC Career Pathways Office**  
1100 North Grand Avenue  
Walnut, California 91789

## Mt. SAC Articulation Equivalency

Articulation Agreement Number

### Career Pathways / Articulation Office

Last Name	First Name	Middle Initial	Mt. SAC Student ID #
Home Address - Number and Street			<input type="checkbox"/> High School <input type="checkbox"/> Adult
City	State	Zip Code	<input type="checkbox"/> M <input type="checkbox"/> F Gender Birthdate
Telephone			eMail

Requesting equivalency as: **College Credit by Exam**

Mt. SAC course code	Mt. SAC course title	Units
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Mt. SAC course code	Mt. SAC course title	Units

The following documents have been submitted:

- ☐ Student Articulation Request Form (with original instructor's signature).
- ☐ Certificate of Course Completion (with certified hours-Regional Occupational Program and Adult Education).
- ☐ High School Transcript (Credit by Exam / Multi-Year variance).

### Department Chairperson or appropriate Professor

Student has met the requirements of the Articulation Agreement.

☐ Approved ☐ Denied

Reason for Denial: \_\_\_\_\_

Grade: \_\_\_\_\_ (C or Better=Credit)

Signature of Chairperson or Professor: \_\_\_\_\_

**Mt. SAC Division Dean**

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Mt. SAC Admissions and Records Office

Apply to Semester \_\_\_\_\_ Year \_\_\_\_\_

- ☐ Information recorded in BANNER.
- ☐ Credit Recorded (Please notify the Career Pathways Office when recorded).

Clerk's Signature: \_\_\_\_\_ Date: \_\_\_\_\_