



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

**Student Articulation
Request Form**

Office Use

This form is to be completed by secondary High School, Regional Occupational Program and Adult Education **Instructors** and their **Students** who are requesting articulated Course Equivalency or College Credit upon completion of an approved course.

To be completed by the STUDENT: Please PRINT

Last Name _____ First Name _____ Middle Initial _____ Mt. SAC Student ID # _____

Home Address - Number and Street _____ **High School** **Adult**

City _____ State _____ Zip Code _____ **M** **F** Birthdate _____
Gender

Telephone _____ eMail _____

*By signing this form I understand that Mt. SAC will post a **grade** and units of credit to my **official transcript** – if I have met all of the requirements of Articulation.*

Student Signature _____

To be completed by the INSTRUCTOR: Please PRINT

School Name _____ Name of High School District • Regional Occupational Program • Adult Education Program _____

Course Name _____ Date Course completed _____

Instructor's Name _____ Final Grade _____

Articulation Agreement Number _____

School transcript attached? Yes No

Course Completion Certificate with hours of study attached? Yes No

Requesting equivalency as:

Credit by Exam (Grant Units of College Credit) for _____

Based upon the Articulation Agreement for the school year _____ between Mt. San Antonio College and the above mentioned School District • Regional Occupational Program • Adult Education Program, it is recommended that this student be granted Articulation Equivalency as stated in the agreement details.

I hereby certify that this student has met the criteria as defined in the Articulation Agreement.

Instructor's Signature _____
(Please sign with red or blue ink)

Instructor's Telephone _____ **eMail** _____