

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.

Last Name	First Name	Middle Initial	Middle Initial Mt. SAC Student ID #	
Home Address - Number and St	reet	——— □ High S	chool	□ Adult
ionic Address - Number and ot		□М І	∃ F	
City	State	Zip Code Gender	J F	Birthdate
elephone		eMail		
if I have met all of the I	understand that Mt. SAC will post a requirements of Articulation.			transcript —
otudent Signature				
To he completed by the	INSTRUCTOR: Please PRINT -			
o be completed by the	MSTROCTOR. Flease FRINT			
School Name	Name of I	High School District • Regional Oc	cupational Pr	ogram • Adult Education Progr
Course Name		Date Co	urse comple	ted
nstructor's Name				First Over to
nstructor's Name	Artic	culation Agreement Number		Final Grade
School transcript attache	d?	Yes 🗆	No □	
•	icate with hours of study attach		No □	
Requesting equivalen Credit by Exam (Grant	cy as: Units of College Credit) for _			
College and the above m	ion Agreement for the school ye entioned School District • Regio tudent be granted Articulation E	nal Occupational Program	• Adult Ed	lucation Program, it is
hereby certify that thi	s student has met the criteria	a as defined in the Artic	ılation A	greement.
netructor's Sinnatura				
Instructor's Signature ₋	(Please sign with red or blue in	nk)		