

# ARTICULATION FORM

Purpose of this form is to identify, review, and record courses submitted for articulated credit.

**SECTION 1: COMPLETED BY STUDENT**

**INSTRUCTIONS:**

**STEP ONE** Students should provide all of the information requested in this section (Section1), attach your official high school transcript and submit to: Maysville Community & Technical College. If there are any questions about this form, students should contact the person identified here in STEP ONE.

**STEP TWO** Your program coordinator may contact you to evaluate the classes for articulated credit. Evaluations may take the form of an exam or a demonstration of skills. Once approved, this form will be forwarded to the college's Registrar or Assistant Registrar to post the classes on your transcript.

Name: \_\_\_\_\_ Major: \_\_\_\_\_

Student ID: \_\_\_\_\_ or Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

High School/ATC: \_\_\_\_\_ (High school transcript must be attached.)

**Courses Requested for Articulation:**

Course #	Credit Hrs	Course Name	Instructor (if known)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In order to receive articulated credit, students must successfully complete a minimum of three credit hours in an applicable program of study before applying for articulated credit. Students who do not complete three credit hours within three years of the last course completed at the high school and/or ATC may be required to take special examination or to repeat the course.

**SECTION 2: COMPLETED BY COLLEGE STAFF**

**Dual Credit Office Approval:** I certify that the course(s) listed below were offered at an approved location covered under a memorandum of agreement and that the college has credentials on file for the instructor(s) listed.

**Course(s) Applying for Articulated Credit:**

Course #	Credit Hrs	Course Name	Instructor (if known)	Faculty Credentials Approved/Not Approved
_____	_____	_____	_____	___ Yes ___ No
_____	_____	_____	_____	___ Yes ___ No
_____	_____	_____	_____	___ Yes ___ No

Review of Faculty Credentials and Date: \_\_\_\_\_

Student Enrolled in certificate/diploma/degree in the field of: \_\_\_\_\_  
 (Circle One) (Program Plan/Major)

MOA Verified: \_\_\_\_\_

\_\_\_\_\_  
 Print Name (Dual Credit Coordinator) Date Signature

**Academic Dean Approval:** I certify the above student possesses the competencies needed to receive credit for the above listed course(s).

\_\_\_\_\_  
 Print Name Date Signature

**Registrar's Office**  
 Date Credit Awarded: \_\_\_\_\_ Date Student Notified: \_\_\_\_\_ Entered By: \_\_\_\_\_