

## Request for Statewide or Independent Articulated Credit Award

This form should be forwarded by the High School Guidance Office to the Cape Cod Community College Admissions Office along with a copy of the student's final high school transcript.

In accordance with the \_\_\_\_\_ Statewide or Independent Articulation Agreement between \_\_\_\_\_ High School and Cape Cod Community College (4Cs), the following student requests to receive articulated credit for the program listed above:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best Telephone Number for Contact: \_\_\_\_\_

Student ID# (if known): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ High School Year of Graduation: \_\_\_\_\_

### CRITERIA FOR CREDIT AWARD:

- Student earned a B average or above (minimum 3.0) for courses/program being articulated
- Student earned a C average or better in overall GPA (minimum 2.5)
- A final High School transcript has been reviewed and provided
- All 4Cs admissions requirements have been met
- The Articulation Agreement with High School and 4Cs is current
- Request for credit is within two years of high school graduation, noting that some exceptions may apply

PLEASE NOTE: A copy of the student's ServSafe Certificate/score **must** accompany requests for culinary articulated credit.

If known, please provide the following information below. If not known, please enter only the High School Program or Course.

High School Program or Course(s)	CCCC Course(s)	Credits

### Approval by High School

I have reviewed the student's transcript for meeting criteria based on the articulation agreement on file. The student should be awarded credit if meeting admissions requirements at Cape Cod Community College.

High School Administrator/Guidance Signature: \_\_\_\_\_ Date: \_\_\_\_\_

High School Administrator/Guidance Name: \_\_\_\_\_

Contact Email/Phone Number: \_\_\_\_\_

