**Mott Community College**

**Articulation Application**

Name: ____________________________

Last: ____________________  First: ____________________  M.I.:  ____________________  Maiden Name (if applicable): ____________________

Address: __________________________

Number and Street: ______________________________  City: ____________________  State: ____________________  Zip Code: ____________________

High School: ____________________________  Year of Graduation: ________________

___ check, if credit earned at area Career or Vocational/Skill Center

Center name: __________________________

This certifies that the above-named student has satisfactorily met all performance standards outlined in the articulation agreement for
the _______________________________________ Program and is recommended for high school articulated credit in the following college course(s):

<table>
<thead>
<tr>
<th>HS Program/Course</th>
<th>College Course Title</th>
<th>MCC Course Number</th>
<th>MCC Credit Hours</th>
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HS Signature: ____________________________

CTE Instructor, Principal or Counselor: ____________________  High School: ____________________  Date: ____________________

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**High School Personnel & Students:**

Students must bring the form signed by the HS Instructor with specific course/credit recommendations to Mott Community College

1. Student must enroll at MCC in related Program of Study
2. Students should bring and use when meeting with Program Advisor for course scheduling
3. Student must fulfill provisions of the Articulation Agreement
4. Provide White Copy to Program Coordinator
5. Program Coordinator and Dean of the Division will authorize the award of credits when provisions of the agreement are fulfilled
6. The fully signed application will be forwarded to the Registrar for posting on the student transcript

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**For College Use Only**

When the appropriate college level courses, as specified in the articulation agreement, have been successfully completed, credit will be granted for the articulated classes as well.

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<th>Course Title</th>
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Approved: ____________________________  Program: ____________________  Date: ____________________

Program Coordinator: ____________________________

Approved: ____________________________  Date: ____________________

Dean or Designee: ____________________________

White - MCC  Yellow – High School  Pink – Student

Rev. 9.13.10