

**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 Graduated _____

check, if credit earned at area 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):

HS Program/Course	College Course Title	MCC Course Number	MCC Credit Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signatures

High School Instructor	High School	Date
High School Counselor	High School	Date

<p>High School Counselors: Please sign and attach to this form</p> <ol style="list-style-type: none"> 1. College admissions application 2. Student Competency Record 3. Current High School Transcript 	<p>Return forms to: Registration and Records Attn.: Registrar's Office Mott Community College 1401 East Court Street Flint, MI 48503</p>
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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.

Course Title	Number/Cr. Hours	Course Title	Number/Cr. Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Approved _____ Program _____ Date _____
Program Coordinator/Assoc. Dean

Approved _____ Date _____

White - MCC
 Yellow - High School
 Pink - Student

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