

**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):

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

HS Signature _____

_____ _____ _____
 CTE Instructor, Principal or Counselor High School Date

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

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

Approved _____ Date _____
Dean or Designee

White - MCC
 Yellow – High School
 Pink – Student