



Application for Articulation Credit
Alpena Community College
665 Johnson Street, Alpena, MI 49707
989-358-7353

TO BE COMPLETED BY STUDENT Please Print

Student's Name ACC ID

Address Street City, State, Zip Code

School

Secondary CTE Instructor's Name

Secondary School Counselor's Name

Career Tech Ed Program

Career Tech Ed Program Completion Date: Month Year

High School Graduation Date: Month Year

Student's Signature Date

HIGH SCHOOL COURSE or MOS SPECIALIST EXAM IN CTE PROGRAM THAT QUALIFIES FOR ARTICULATION

Table with 3 columns: High School Course #, High School Course or MOS Exam Title, Date Completed (mm/yy). Three rows of data.

ACC CLASS TO ARTICULATE

Table with 3 columns: ACC Course #, ACC Course Title, Credits.

Student's High School transcript is attached and reflects appropriate course was taken and completed with a B grade or better or the student's required MOS Specialist Exam results are attached as indicated in the articulation agreement.

TO BE COMPLETED BY ACC

ACC Registrar, 108 Van Lare Hall Date