



54 COLLEGE DRIVE • MARION, NC 28752 • 828.652.6021 • registrar@go.mcdowelltech.edu

# APPLICATION FOR ARTICULATED CREDIT

NAME: \_\_\_\_\_  
Last First Middle

STUDENT ID #: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ High School Attended: \_\_\_\_\_

I give permission for my high school to release my transcript to MTCC.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ARTICULATED CREDIT (MCS & MTCC Staff only)

High School Course Name & Number	Year course was taken	CTE post-assessment	Final Grade	MTCC Course Name & Number
1.				
2.				
3.				
4.				

MHS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title \_\_\_\_\_

MTCC articulated credit given.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_