Tampa Bay Career Pathways Consortium Request for Articulation Credit

Student's Full Name (Please Print)	Student Number (If Issued)	Date of Birth (optional)
High School or Technical School	Date of Student Graduation	
THIS SECTION TO BE COMPLETED BY SCHOOL GUI	DANCE COUNSELOR OR DESIGNA	TED SCHOOL OFFICIAL.
The above student has completed the following	orograms/courses of study wit	h an unweighted GPA of
3.0 or better in the program and an unweighted of	overall GPA of 2.5 or better. (To	echnical School students
must present a valid Certificate of Completion in o	order to receive articulated cre	dit.)
School Course Title/Program (to be completed by school counselor or school official) College Equivalent Cour (to be completed by College W		
Signature of School Counselor/Official	Phone Number of Signee	
Printed Name of School Counselor/Official	Date	
Students will not be charged any fees for the awarding be given for the college credit. Students must end Associate in Arts degree does NOT qualify) or Certific school program of study within 2-3 years (dependent receive the articulated credit. Some programs manawarded. Official school transcripts must be submicoursework. I have read and I understand the above agree	roll at the college in the Associa cate program that correlates to t t on the college program) after g ay contain additional condition nitted to the college's Central	ate in Science Degree (an cheir high school/technical traduation to be eligible to s before credits may be
Chind and Clarestone		Dete
Student Signature		Date

Upon completion of this form, mail it to the Workforce Specialist at the institution awarding credits.