

Please bring a completed copy of this form to your academic advising appointment.



St. Clair County Community College Student Articulation Application

Name: _____ SC4 ID #: _____
Last First Middle

Address: _____
Number and Street City State Zip Code

Telephone Number: _____ Email Address: _____

High School/TEC Center: _____ Year Graduated: _____

I certify that the information given on this form is correct and complete to the best of my knowledge and hereby authorize the release of school records and related information to St. Clair County Community College. I also grant SC4 permission to release any records requested by my high school. I understand that awarded course credit will count towards "attempted credit" for financial aid purposes.

High School Student Signature _____ Date _____

Applicants:

1. SC4 Admission Application must be on file.
2. Please sign and attach to this form:
 - a. Completed Official High School Transcript
 - b. Occupational Program Transcripts (if applicable)

Return forms to:

St. Clair County Community College
Registrar's Office
323 Erie St. P.O. Box 5015
Port Huron, MI 48061-5015

This certifies that the above-named student has satisfactorily met all performance standards outlined in the _____ program at _____ and is recommended for articulated credit for the following SC4 course(s):

<u>SC4 Program/Course Title</u>	<u>Course #</u>	<u>Credit Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Instructor Signature _____ Print Name _____ Date _____

For College Use Only:

When the terms of the articulation agreement have been successfully completed, credit will be granted for the articulated classes.

Approved: _____ Date: _____ Credit Posted to Student's Records
SC4 Registrar