

105

TRINITY VALLEY COMMUNITY COLLEGE
HIGH SCHOOL STUDENT ARTICULATION APPROVAL

NAME OF STUDENT _____ SS# _____

ADDRESS _____ CITY _____ TX _____

ZIP CODE _____ HOME PHONE _____ WORK PHONE _____

HIGH SCHOOL ATTENDED Melkoff YEAR GRADUATED 05

PROGRAM AREA TO BE ARTICULATED _____

HIGH SCHOOL COURSE(S) TAKEN FOR ARTICULATION	COURSE GRADE	SEMESTER TAKEN
<u>BCTST</u>	<u>96-93</u>	_____
<u>BUSIM/AM</u>	<u>99-99</u>	_____
_____	_____	_____
_____	_____	_____

ATTACH COPY OF HIGH SCHOOL TRANSCRIPT _____

STUDENT SIGNATURE _____ DATE 7/14/05

TO BE COMPLETED BY DEPARTMENT CHAIRMAN OR PROGRAM COORDINATOR

RECOMMENDED FOR ARTICULATION CREDIT:

EQUIVALENT COLLEGE COURSE COURSE NUMBER AND TITLE	CREDIT HOURS AWARDED
<u>ITSC 1301 Introduction to Computers</u>	<u>3</u>
_____	_____
_____	_____

DEPARTMENT CHAIR OR COORDINATOR _____ DATE _____

OCCUPATIONAL DEAN _____ DATE 7/14/05

VICE PRESIDENT FOR INSTRUCTION Jan Hufferstetter DATE 7/19/05

REGISTRAR Colette M. Hilliard DATE 7/19/05

* Please note articulated courses may not transfer to certain universities.