High School Articulation Credit Petition

STUDENT INFORMATION

_____

Last Name **First** **MI** **Cypress College Student ID Number**

_____

Street Address **Telephone Number**

_____

City **State** **Zip Code**

_____

Student Signature **Date**

STUDENT SCHOOL INFORMATION
High School_____
High School course taken & year taken: _____
Class location_____

NOTE: An official high school transcript must be submitted with this form to Admissions and Records. Counselors: Course must be completed with a "B" or better both semesters, student must request for credit within 2 years of course completion, and appear on the approved high school articulation list and on official school record. See the Counselor L drive or careers.cypresscollege.edu/high/school/articulation for list.

Cypress College Course Information:
The Course(s) below has been approved:

_____	_____	_____	_____
Course #	**Course Title**	**Units**	**Grade**
_____	_____	_____	_____
Course #	**Course Title**	**Units**	**Grade**
_____	_____	_____	_____
Course #	**Course Title**	**Units**	**Grade**

____High School Transcript is attached

_____ **Date**_____
APPROVAL SIGNATURE: Counselor (or Career Education/CTE Articulation Staff)

Admission and Records: