APPLICATION FOR ARTICULATED CREDIT 2011-2012 **DCCC ID # _____**
Davidson County Community College (DCCC to complete ID #)

Student Name: _____
Last Name First Name Middle

Address: _____
Mailing Address City State Zip

Social Security Number* _____ Home Phone: _____

**The social security number is used for the sole purposes of administrative record-keeping and as an accurate personal identifier for the internal records of the institution. Providing the social security number is voluntary.*

Birthdate: _____/_____/_____ Gender: _____ Female _____ Male

Race (check one):

_____ White (Non-Hispanic) _____ Black (Non-Hispanic) _____ American Indian/Alaskan Native
_____ Hispanic _____ Asian _____ Native Hawaiian/Pacific Islander
_____ Two or more races

Have you ever taken classes at DCCC before? _____ Yes _____ No

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____

My signature below indicates that I am granting permission for DCCC to release my transcript.

Signature of Student: _____ Date: _____

ARTICULATED CREDIT

High School: _____ Expected Graduation Date: _____
Month/Year

Semester/Year in which articulated credit course was completed:

_____ Fall *(August-January)* _____ Spring *(January-June)* Year: _____

High School Course Number	High School Course Name	DCCC Course Number	DCCC Course Name