APPLICATION FOR ARTICULATED CREDIT 2016-2017 **DCCC ID # _____**
Davidson County Community College (DCCC) (DCCC to complete ID #)

Student Name: _____
Last Name First Name Middle Name

Address: _____
Mailing Address City State Zip

Home Phone: _____ Cell Phone: _____

Birthdate: _____/_____/_____

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

High School Course Number	High School Course Name	DCCC Course Number	DCCC Course Name	CTE Post Assessment Exam Score	Final Course Grade

You may include up to 6 courses on this one application. Please use a new application for additional courses.