Tampa Bay Career Pathways Consortium Request for Articulation Credit

Student's Full Name (Please Print)	Student Number (If Issued)	Date of Birth (optional)	
High School or Technical School	Date of Student Graduation		
THIS SECTION TO BE COMPLETED BY SCHOOL GU	JIDANCE COUNSELOR OR DESIGNA	TED SCHOOL OFFICIAL.	
The above student has completed the following	programs/courses of study wit	h an unweighted GPA of	
3.0 or better in the program and an unweighted		=	
must present a valid Certificate of Completion in	order to receive articulated cre	dit.)	
School Course Title/Program (to be completed by school counselor or school official)		College Equivalent Courses / credits (to be completed by College Workforce Specialist)	
Signature of School Counselor/Official	Phone Number of Signee		
Printed Name of School Counselor/Official	 Date		
Students will not be charged any fees for the award be given for the college credit. Students must en Associate in Arts degree does NOT qualify) or Certification program of study within 2-3 years (depende receive the articulated credit. Some programs in awarded. Official school transcripts must be subcoursework. I have read and I understand the above agree	nroll at the college in the Associ ficate program that correlates to a nt on the college program) after g nay contain additional condition mitted to the college's Central	ate in Science Degree (an their high school/technical graduation to be eligible to as before credits may be	
Student Signature		Date	

Upon completion of this form, mail it to the Workforce Specialist at the institution awarding credits.