



Dyersburg State Community College
Articulation Application

Name: _____

ID # _____

School: _____

Graduation Date: _____

Home Address: _____

Home Phone: _____ Parent Name(s): _____

High School Program of Study (CTE Concentration) _____

Anticipated Post-secondary program of study _____

*To be completed by school counselor or High School CTE/Vocational Education Coordinator - *See course listing provided by DSCC CTEAdvisor*

High School Technical/Vocational Courses Completed List by Name and Course #	H.S. Course Grade in Percentage	DSCC Course Name and Course #	DSCC Number Of Credit Hours to be Granted (completed by TP Director)

Signature of High School Counselor or High School CTE Instructor

Date

*****Postsecondary signature(s) form on back**

