

Dyersburg State Community College Articulation Application

Name:		ID #
School:		Graduation Date:
Home Address:		
Home Phone:	Parent Name(s):	
High School Program of Study (CTE Concentrati	on)	

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)

TO BE COMPLETED BY THE POSTSECONDARY INSTITUTION

Proficiency exam(s) have been administered to this student and based on test results it is my recommendation that he/she be awarded articulated credit for the following course(s).

Signatures from DSCC:	
Faculty Member and/or DSCC Department Dean	Date
DSCC Vice-President for the College	Date
Assistant Vice President for Academic Affairs/Admissions & Records	Date
Dyersburg State Community College CTE Advisor Signature	
Career Technical Education Advisor	Date

*Signatures validate that the student has met all necessary requirements for postsecondary credit.

