Articulated Credit Form

This form is used to process transfer credit for Howard County Public School System (HCPSS) courses which are accepted under the articulation agreements between HCPSS Career Academies and Howard Community College. This form must be accompanied with an official transcript from HCPSS in order for articulated credits to be recognized. Please complete all three sections of the form.

Part I: Student Information (PLEASE PRINT)

Student Name: ___________________________ Student ID#: ___________________________
Home Address: __________________________
City: __________________ Zip Code: __________ Telephone: __________________
High School: ___________________________ Guidance Counselor: __________________

Part II: Academic Information

Intended HCC Program of Study: ___________________________ Program Code: ______

Does Howard Community College have an official high school transcript on file?  ☐ Yes  ☐ No

Note: An official high school transcript must be submitted in order for articulated credits to be recognized.

Check the high school course or program that applies:

☐ Academy Program: ____________________________________________________________

☐ Software Applications I (HCC does not accept Computer Applications I)

Please indicate the courses you completed within the Howard County Public School System that may be eligible for credit under the articulation agreement below. If applicable, please attach appropriate certificates (i.e. ProStart).

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<th>High School Course Title</th>
<th>Midterm Grade</th>
<th>Final Grade</th>
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Part III: Student Signature

By signing this form, I attest that the information I have provided is true and the documents that I am submitting are original official high school transcripts from the Howard County Public School System. I also understand that the articulation agreements between Howard County Public Schools and Howard Community College are program specific and that courses will not transfer if I am not in the correct HCC program.

Student Signature ___________________________ Date ________________