

PETITION FOR ARTICULATED CREDIT

Complete the information below and submit with a final official high school transcript to the P-12 Partnership office.

Petitions must be submitted within 12 months of high school graduation.

469.365.1850 (p) | dualcredit@collin.edu | http://www.collin.edu

Last name First			Middle		Collin CWID #	
Collin E-mail A	ddress	Phone				
High School I		Hig	High School Graduation (mm/yyyy)		Collin Major	
ARTICULATED on my transcript also understan	course(s) previously a t at Collin College and that the course w may reduce or elin	ipproved under and under and understand the vill count toward	n articulation agree course cannot be d my credit hour	ement. I request the removed from my s earned at any	ily completed the high school be credit for this course appear of transcript once it is posted. In Texas institution of higher Tuition Rebate program for	
Student	Signature	Date	<u></u> _			
the shaded are	a verifying successfu	ul completion of	the end-of-course	e competency as		
High School co	ourse(s) to receive ar	ticulated credit	Exam Date	Score	Competency Achieved (Y/N)	
P-12 Partnersh	ip Representative's S	Signature:				
Student has co	mpleted 3 credit hou	rs (non-develop	mental) with Colli	n College.		
Registrar's Sig	nature:					
		DO NOT W	/RITE BELOW THIS LI	NE		
	College Course Number		Title		Cr. hrs	
Registrar approved	Date		Credit Post	Date		