

Registrar

Application for Articulated Credit

First and Last Name:			GNTC Student ID:			
Street Addres	ss:					
City:			State:	Zip:		<u></u>
Phone: GNTC		ITC Student En	nail:			
Program of St	tudy:					
 A stude Articula A copy school If articustatew If articustatew If articustatew 	ceive articulated credit ent must meet regular a ated credit must be awa of the high school transcourse(s) required ulation agreement was ide agreements here. Ulation agreement was ary school and GNTC mentation of successful cete the following for all	admission statuarded within 2- script must be developed sta developed loca developed loca developed loca developed loca developed loca	4 months of high sattached to verify tewide, a copy of ally, a written artiwith the office of TC final exam/executes.	the agreement muculation agreement	Ily completed st be attached the standard the stand	ed; view e
GDOE Course Number:	GDOE Course Name	GNTC Course Number:	GNTC Course Name:		Credit Approved:	Credit Not Approved:
Required Sign	natures:	Signature	:		Date:	
Student						
, ,	ect Matter Expert					
Program Dea						
_	nt of Academic Affairs					