**STUDENT REQUEST**

**FOR COLLEGE CREDIT EARNED in HIGH SCHOOL**

**QUINSIGAMOND COMMUNITY COLLEGE**

**Directions: Please fill out this form completely and return to:**

Manager of Educational Partnerships, Christina Hebert, [chebert@qcc.mass.edu](mailto:chebert@qcc.mass.edu) or Tracy Merchant, [tmerchant@qcc.mass.edu](mailto:tmerchant@qcc.mass.edu) – Office 221 Administration Building - Mailbox #327

Quinsigamond Community College, 670 West Boylston Street, Worcester, MA 01606

**(Incomplete forms will not be processed) (Copies should be retained for filing purposes)**

**CRITERIA FOR ACCEPTANCE:**

* 80 or above for courses being articulated
* C average or better in other courses (Minimum 2.0 GPA)
* High School transcripts reviewed
* Meet QCC academic course prerequisite requirements
* Independent Articulation Agreement with QCC and High School are Current

**Student Name** **Social Security #**

**Address QCC ID” (if available)**

**FROM: TO:**

(High School) (College Program)

In accordance with the articulation agreement with the following parties, the above named student wishes to receive course equivalency in the following academic areas:

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| --- |
| HS Course(s) QCC Course(s) Credits |
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Approval Signatures Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Coordinator Date

Authorized QCC Signature: Date:

Admission Requirements Verified: Assessment Tests Verified:

Date Sent to Registrar: Transcript Reviewed:

CC: Director of Advising, High School Coordinator Revised 3/17/15