**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 or Tracy Merchant, 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:

|  |
| --- |
|  HS Course(s) QCC Course(s) Credits |
|   |
|   |
|   |

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

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