**STUDENT REQUEST FOR COLLEGE CREDIT EARNED in HIGH SCHOOL**

**QUINSIGAMOND COMMUNITY COLLEGE**

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

Christina Hebert chebert@qcc.mass.edu or to the Administration Building - Mailbox #327

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

**(Incomplete forms will not be processed) (Copies will 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)
* Copy of high school transcript and/or certifications
* High School transcript(s) reviewed for eligibility
* Meet QCC academic course prerequisite requirements
* Chapter 74 Program or Current Independent Articulation Agreement with QCC and High School

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:** **QCC ID# (if available)**

**Phone Number:**

**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 Technical Program QCC Course(s) Credits |
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|  |
|   |

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Admission Requirements Verified: Academic Requirements Verified:

Transcript Reviewed: Authorized QCC Signature: Date:

Date Sent to Registrar:

Revised 06/01/2022