

**APPLICATION FOR ARTICULATED CREDIT
Davidson-Davie Community College**

College ID# _____
(College to complete ID #)

Student Name: _____
Last Name First Name Middle Name

Address: _____
Mailing Address City State Zip

Home Phone: _____ Cell Phone: _____

Birthdate: ____/____/____

Have you ever taken classes at Davidson-Davie before? ____ Yes ____ No

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____

My signature below indicates that I am granting permission for The College to release my transcript.

Signature of Student: _____ Date: _____

ARTICULATED CREDIT

High School: _____ Expected Graduation Date: _____
Month/Year

Semester/Year in which articulated credit course(s) was/were completed:

____ Fall (*August-January*) ____ Spring (*January-June*) Year: _____

High School Course Number	High School Course Name	College Course Number	College Course Name	CTE Post Assessment Exam Score	Final Course Grade