Application for Articulated Credit

First and Last Name: _____GNTC Student ID: _____

Street Address: _____

ement was developed statewide, a copy of the agreement must be attached; view
nts here.

_____

If articulation agreement was developed locally, a written articulation agreement between the secondary school and GNTC must be on file with the office of VP Academic Affairs and documentation of successful completion GNTC final exam/exemption exam must be attached

Please complete the following for all articulated credit:

GDOE Course Number:	GDOE Course Name	GNTC Course Number:	GNTC Course Name:	Credit Approved:	Credit Not Approved:

Required Signatures:

	Signature:	Date:
Student		
Faculty Subject Matter Expert		
Program Dean		
Vice President of Academic Affairs		
Registrar		