Career Focus on the Future

Documentation of Articulated Credit

(This document is for students' personal records and is not required to be submitted.)

Name _____

Student ID # _____

Program of Study _____

This student has successfully completed course requirements for articulated credit as follows:

Secondary Courses Completed				Postsecondary Course(s) Articulated	
Number	Course Title	Date Completed	Secondary Teacher Signature	Number	Course Title