## High School Articulated Credit Verification Form

| Name: First/Given  Address: Mail/Street Address  High School: School District:  The above-named student has |   | City  | Family State Year Graduated   | DOB:                            |
|---|---|---|---|---------------------------------|
| Mail/Street Address  High School:  School District:   |   |   |   | ·                               |
| High School:  |   |   |   | ·                               |
| School District:  |   |   | Year Graduated  | i:                              |
|   |   |   |   |                                 |
| The above-named student ha  | Articulat   |   |   |                                 |
| The above-named student ha  | Articulat   | ed Credit Fliaihilit  | y Certification   |                                 |
|   | as satisfactorily met the p   | •   |   | ed secondary program:           |
|   |   |   |   |                                 |
| 1   | CIP Code<br>1.0601  |   | ndary Program Name orticulture Operations                             | Segments Required 1 – 12 units  |
|   | 9.0102  |   | ntryside Academy  | 1 – 12 units                    |
|   |   |   | ,,  |                                 |
| Andrews University has agre   | ed to articulate and awar   | d transfer credit for the   | following courses:  |                                 |
| Credit Requested C  | Course Number   | Course Title  |   | Credit Award                    |
| -   | NSI 114   | Introduction to   | Introduction to Animal Science  |                                 |
| □ H   | IORT 150  | iGrow   |   | 4 semester hours                |
| ☐ AFLT 115  |   | Private Pilot Ground School   |   | 3 semester hours                |
|   | V   | erification of Com  | pletion   |                                 |
| <ul><li>□ 2. Student comp</li><li>□ 3. Student passe</li></ul>  | warded credit. Students, power will get departmental appropriate the suthorized by the leted the State Approver | please request your cour<br>rovals before entering the<br>State of Michigan to<br>ed CTE program chece<br>equired. For Aviation | nselor to verify you quality by the credit.  teach the secondary prog | checking this list, then emails |
| School Approval. Email sig  | gned form to academicrecor  | ds@andrews.edu.   |   |                                 |
| Counselor Signature   | Print Name  |   | Cell/Email  | Date                            |
| AU Department Approva   | I. Return signed form to ac   | ademicrecords@andrews.  | edu.  |                                 |
| Department Chair Signature  | Print Name  |   | Cell/Email  | Date                            |
| Comments:   |   |   |   |                                 |
| Andrews University Pred   | Callaga Articulations   | Co  | ntact:  |                                 |

Find current articulations & program agreements at andrews.edu/precollege

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