



SOLANO COMMUNITY COLLEGE

CTE TRANSITIONS

CTE STUDENT PETITION FOR ARTICULATED CTE CREDIT

HIGH SCHOOL ARTICULATED COURSE TITLE AS SHOWN ON AN OFFICIAL SCHOOL
TRANSCRIPT (*ATTACHED*)

COURSE: _____

SECTION I: STUDENT INFORMATION

(PLEASE PRINT OR KEY)

SOLANO COMMUNITY COLLEGE ID #: _____

X

X

X

First Name

Middle Initial

Last Name

X

X

School

School District

X

Student Signature to Release Transcript

SECTION II: Course Completion Information (*to be completed by teacher and administrator*):

Title of Articulated College Course: _____

Course #: _____

Date Completed: _____ Course grade: A or B (Circle One).

I certify that the above student has met the course requirements as specified by the articulation agreement with
Solano Community College:

X

X

X

Teacher Signature

Printed Name

Date

X

X

X

Counselor or Registrar Signature

Printed Name

Date

*Forward form, with student's official high school transcript attached to the SCC Admissions and Records Office at: Solano
Community College, Office of Admissions, Building 400, 4000 Suisun Valley Road, Fairfield, CA 94534*

SECTION III: For SCC Admissions & Records use only. Date Credit Request Posted to Transcript: _____

X

X

X

SCC A&R Analyst (or Designee) Signature

Printed Name

Date

If credit is not posted, give reason: _____

SECTION IV: FORWARD COPY TO CTE TRANSITIONS OFFICE: BUILDING 100, ROOM 150

For SCC CTE Administrator Use Only:

X

X

X

SCC Administrator (or Designee) Signature

Printed Name

Date