

Application for Articulated Credit

McDowell Technical Community College Short Application

54 College Drive, Marion NC 28752

(828) 652-0621

www.mcdowelltech.edu

PLEASE PRINT: NAME _____
LAST FIRST MIDDLE

ADDRESS CITY STATE ZIP

HOME PHONE CELL PHONE SOCIAL SECURITY NUMBER

BIRTH DATE: ____/____/____ GENDER: Female Male

RACE: (Circle One) 1. White (Non-Hispanic) 2. Black (Non-Hispanic)
3. American Indian/Alaskan 4. Hispanic 5. Pacific Islander or Asian 6. Other

Emergency Contact Name: _____

Phone: _____

High School Attended: _____

Have you ever taken classes at MTCC ? _____

Current Semester: Fall _____ Spring _____ Summer _____ 2000 _____ (year)

Signature of Parent, Legal Guardian, or Holder of Legal Custody

Date

Articulated Credit

High School course number(s), name _____

MTCC course number(s), name _____

VOCATS Raw Score _____

Final Grade _____

Expected Graduation Date _____

CDC Contact: _____

Phone: _____

I give permission to release my transcript from MTCC

Student Signature

Date