



Articulated Credit Reporting Form

High School Name: _____

Student's Name: _____

Social Security #: _____
(SSN will be used for student identification only.)

Graduation Year: _____

High School Course	Grade	Northark Course

High School Course Instructor or Articulated Credit Program Coordinator

Date

Northark Articulated Credit Program Advisor

Date

****Please present completed form at time of enrollment at Northark****