



TECH PREP ARTICULATED CREDIT RECOMMENDATION

Complete at the high school and submit to Jefferson State Community College

Student Name: _____

Social Security No.: _____/_____ Phone _____

Address: _____

High School: _____ Counselor: _____

Program of Study (Major) _____ Date plans to enter: _____

Career/Technical courses for which articulated credit is requested:

High School Program: _____ Graduation Date: _____

Course: _____ Course Grade: _____

Course: _____ Course Grade: _____

Course: _____ Course Grade: _____

Teacher's Signature: _____

Signature of High School Counselor: _____ Date: _____

Submit to: Todd Jackson, Jefferson State Community College 4600 Valleydale Road Birmingham, AL 35242

Phone 205-983-5213 tjackson@jeffersonstate.edu



For Jefferson State Use Only

Courses for which credit is to be awarded _____

Date: _____ Signature of Program Coordinator: _____

Date: _____ Signature of Registrar: _____

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