

TECH PREP
ARTICULATED CREDIT RECOMMENDATION

Complete at the high school and submit to the JSCC Tech Prep Coordinator
Forms will be filed with each Program Coordinator at the College

Student Name: _____

Social Security No: _____ Phone: _____

Address: _____

High School: _____ Counselor: _____

This student plans to enter _____ (program of study)
in the _____ Semester _____ Year

CAREER/TECHNICAL courses for which articulated credit is requested:

High School Program _____	Graduation Date _____
Course _____	Course grade _____
Course _____	Course grade _____
Course _____	Course grade _____

Teacher Signature _____

Signature of High School Counselor _____ Date _____

Submit to: Billie Sue Hulsey, Jefferson State Community College, 2601 Carson Rd. B'ham 35215
Phone 853-1200 ext 6234, FAX 856-6033

For Jefferson State Use Only

Jefferson State Community College

Course for which credit is to be awarded: _____

Date: _____

Signature of the Program Coordinator: _____

Date: _____

Signature of Registrar or Designee _____

It is the policy of the Alabama College System and Jefferson State Community College, a postsecondary Institution under Its control, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age be excluded from participation In, be denied the benefit of, or be subjected to discrimination under any program, activity, or employment