HILLSBOROUGH COMMUNITY COLLEGE
REQUEST FOR ARTICULATED CREDIT

TO BE COMPLETED BY STUDENT:

Name: ____________________________________________ Date: __________

Social Security Number: ______________________________
Institution/Company where credit was earned:
_________________________________________________________________
Program Name: ________________________________________________
Date of Attendance: ___________________________________________

TO BE COMPLETED BY COUNSELOR OR ACADEMIC ADVISOR:
* A copy of the agreement must be attached. Agreements are posted in public folders.

HCC Program Code/Major: _______________________________________
Name of Articulation Agreement: _________________________________

Requirements fulfilled: _____yes ______no
Agreement attached: ______yes

ARTICULATED CREDIT TO BE AWARDED:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

TOTAL HOURS: ______

________________________________________  ______________
Counselor/Advisor Signature     Date

_________________________________   _______________
Director of Technical Programs      Date

10/29/2014