

Application for Articulation Credit

Northwestern Michigan College

1701 E. Front St., Traverse City, MI 49686 231-995-1058

(Please Print) TO BE COMPLETED BY STUDENT

Student's Name		NMC ID	
Address	Street	City, State, Zip Code	;
School			
Secondary School Inst	ructor's Name		
Secondary School Cou	inselor's Name		
rogram completion Date: Month Year igh School Graduation Date: Month Year		Student's Signature	
	O ARTICULATE		
NMC Course #	NMC Course Title		Credits
hereby certify t	hat the above-named student is	competent in the articulated	l course listed.
Secondary School Instructor			Date
TO BE COMPLI	ETED BY NMC		
NMC Registrar			Date
NMC Instructor			Date
MC Academic Chair	<u>. </u>		Date
Recorded by NMC			Date
•	to transfer to other schools are caution credits	ned to check with transfer institu	tions for approval o

Copies will be distributed once all signatures are obtained.