



HARRISBURG AREA COMMUNITY COLLEGE

COLLEGE EARNED CREDIT FORM

Course Articulation/Tech Prep Program Articulation

Directions for Use: For the student to earn the articulated credit at HACC:

The _____ instructor will submit a completed, signed *College Earned Credit Form* for each student who has earned a “C or above” and mastered the competencies in the _____ Program _____. The signed form will be forwarded to the Director for signature. The completed form should be forwarded via email to Georgia Hasse, POS Outreach Coordinator, HACC, at glhasse@hacc.edu.

Students must matriculate into a curriculum at Harrisburg Area Community College (HACC) **within two years** of completion of the _____ program. The student must have met the Performance Standard stated for each course in Section IV (below) in order to be awarded articulated credit.

THIS FORM DOES NOT SERVE IN LIEU OF THE HIGH SCHOOL TRANSCRIPT

SECTION I. PROGRAM/COURSE INFORMATION (TO BE COMPLETED BY SENDING SCHOOL)

CHECK ONE: Tech Prep Articulation Course Articulation

Tech Prep Program Name (if Applicable): _____

SECTION II: STUDENT INFORMATION (TO BE COMPLETED BY SENDING SCHOOL)

STUDENT NAME: _____ Date of Birth: _____ Academic Year: _____
 Student Address: _____ City: _____ State: _____ Zip: _____

SECTION III: SECONDARY SCHOOL PROGRAM/COURSE(S) INFORMATION (TO BE COMPLETED BY SENDING SCHOOL)

SENDING SCHOOL COURSE(S)/PROGRAMS SATISFYING ARTICULATION: Student Grade in Course:

- 1.
- 2.
- 3.
- 4.

SENDING SCHOOL SIGNATURES:

 Instructor Date Principal/Director Date

FOR HACC USE ONLY

SECTION IV: COURSES ELIGIBLE FOR ARTICULATED CREDIT Articulation Code TECP (TO BE COMPLETED BY HACC REPRESENTATIVE)

Course No.	Course Title	# of Credits	Performance Standard	Check Courses to Receive Articulated Credit
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

NOTE: When information on previous page is completed by high school, please forward the form via email to:

Georgia Hasse
Program of Study Outreach Coordinator, HACC
glhasse@hacc.edu

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SECTION V: SIGNATURE *(TO BE SIGNED BY AUTHORIZED HACC REPRESENTATIVE)*

THIS ACHIEVEMENT IS IN ACCORDANCE WITH THE ARTICULATION AGREEMENT BETWEEN HACC AND

FOR HACC:

DEPARTMENT CHAIR

DATE