

College Credit Articulation Form

___ WCC ___ COD ___ JJC ___ Kishwaukee
Rt. 47 at Waubonsee Drive, VALEES, Building A, Room 116
Sugar Grove, Illinois 60554
(630) 466-5736 or www.valees.org

STUDENT INSTRUCTIONS:

- A grade of B (3.0 on a 4.0 scale) must be earned for each semester of high school course work to be articulated.
- **On the back of this form**, mark the courses for which you are requesting credit. An official high school transcript must be attached. Credit must be requested within two years of high school graduation. **Submit completed form and official transcript together to VALEES.**
- You will receive this form back after it has been reviewed. If approved, you may then apply the credit to your academic plan. Please share this form with your college counselor/advisor.
- When you register for your first class at Waubonsee Community College, submit the signed form and the approval letter **to the Admissions & Records Office, Student Center**, along with the applicable recording fee. Credit is then added to your college transcript.

See Listing of Classes on Reverse Side

OVER



Student Name _____

SIS ID# _____ Telephone _____

Address _____
Street City Zip Code

High School/Career Center _____ Graduation Date (Month/year) _____

Student Signature _____ Date _____

(The above signature authorizes the release of my final high school transcript to VALEES)

For School Use

I have checked and initialed the following:

___ Student took **ALL** classes for which articulation is requested.

___ Student received an A or B in **ALL SEMESTERS** of classes for which articulation is requested.

___ I have attached the student's transcript to this form

Counselor/Administrator Signature _____ Date _____

For Office Use Only

WCC/VALEES Instructions:

- VALEES Director reviews, signs and forwards form and transcript to the WCC Ass't. Vice President of Instruction.
- Ass't. Vice President for Instruction forwards original with cover letter to student; copies both documents to VALEES.
- Records Office forwards copy of this form to VALEES Director after credit is posted on transcript.

VALEES Director Signature/Date

WCC Ass't. Vice President of Instruction Signature/Date

Total Semester Hours Approved _____

ADMISSIONS & RECORDS OFFICE

Date of registration for first course at WCC: _____

Receipt # _____ Amount Received: _____ Recorded by: _____ Date: _____