ARTICULATION AGREEMENTS CREDIT REQUEST

To: ____________________________
   Name of College

From: ____________________________
   Name of Student

Re: Articulation Agreements Certification
I am applying for college credit earned while in high school.

This is to certify that I, ____________________________, graduated in _________ of _________, and
   Full Name of Student
   Month Year

   have successfully completed the following course(s) based upon the articulation agreements between Frederick County Public Schools and

   ________________________________________________
   Name of Articulation Agreements Partner College

<table>
<thead>
<tr>
<th>High School Course Title/Course Number</th>
<th>Grade</th>
<th>College Course #</th>
<th>Course Name</th>
<th>Credit</th>
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I agree that the above is correct and accurate.

Student's Signature: ____________________________ Date: __________

(Please print this form, sign your name and the date, and take the form, along with an official copy of your transcript, to the Registrar of the appropriate partner college.)