

Saginaw Valley State University
Credit Application, Recommendation, and Approval Form
For Career and Technical Education Center/High School
Articulation Credit
TE 100/101 Partnership

FERPA guidelines will be followed: (<http://www.ed.gov/policy/gen/guid/fpc/ferpa/index.html>).

Application Deadlines: This credit form may be submitted to SVSU pending the student-applicant's high school graduation but must be *received* for consideration in the appropriate dean's office within three (3) years of the eligible student's high school graduation. Additionally, the student's University application and admission are prerequisite to submission of this request form for articulated credit.

Section I: Student-Candidate Applying for Articulation Credit Consideration

Student's Last Name: _____ First Name: _____ Middle Initial: _____

E-mail Address: _____ Phone with Area Code: () - _____

Home Street Address: _____

City: _____ State: _____ ZIP: _____

Full High School Name: _____

Anticipated H.S. Grad. Month/Year: _____ Student's 7-Digit SVSU I.D. # (if known): _____

Anticipated SVSU Sem./Yr. Start*: ☐ Fall (August) ☐ Winter (January) Year (specify): _____

(*University-level application may be made to SVSU after Grade 11 marks post to the student's h.s. transcript: www.svsu.edu.)

Student Applicant's Signature: _____ Date: _____

Section II: Recommending Career and Technical Education (CTE) Center/High School

(Recommendations should be made only for those student-candidates having met all requirements as stipulated in Parts B, D, and E of the corresponding articulation. Refer to the articulation document for full details.)

Full Name of Recommending Institution: _____

Student's CTE Program: _____

Student's overall Grade Point Average in above CTE Program*: _____

(*Must include at least the first semester of the senior year.)

☐ Having reviewed the corresponding articulation/transfer agreement, I attest that the student has met all stipulated requirements.

☐ The student's **current, official** high school transcript (including CTE credits and grades) is being provided to the appropriate SVSU dean's office in support of this recommendation form.

☐ A copy of the student's CTE program certificate of completion accompanies this form.

☐ A copy of the student's MTTC Professional Readiness Exam score report (or MDE-approved equivalent) accompanies this form, and the student has been notified of the need to have the official MTTC-PRE score report (or MDE-approved equivalent) sent directly to SVSU's COE.

Instructor Comments: _____

● Printed Name of Recommending Instructor: _____

Signature: _____ Date: _____

● Printed Name of Approving Principal: _____

Signature: _____ Date: _____

This form: ☐ Mailed ☐ Faxed to Appropriate SVSU dean's office on (mm/dd/yyyy): _____

Mailing and Fax Information for Recommending School to Send Completed Form and Supporting Documents:

Saginaw Valley State University
ATTN: College of Education Dean's Office
Gilbertson Hall, RM N275
7400 Bay Road
University Center, MI 48710-0001 U.S.A.
Fax: 989.964.4563
Phone: 989.964.7107

Section III: Saginaw Valley State University College of Education (COE) Determination

SVSU Program: **COE Teacher Education Program of Choice (SVSU's TE 100/101 as Prerequisite)**

SVSU Equivalent Course for which articulation credit is being considered: **TE 100/101**

☐ Having reviewed the corresponding articulation/transfer agreement, COE attests that the student has met all stipulated requirements, including but not limited to passing the standardized assessment and supplying SVSU's COE with the supporting official transcript, CTE certificate, and MTTC-PRE score report (or MDE-approved equivalent) directly from the reporting agency.

☐ Approved ☐ Denied SVSU TE 100/101 Faculty (Print): _____

Signature: _____ Date: _____

☐ Approved ☐ Denied SVSU Dean/College (Print): _____

Signature: _____ Date: _____

SVSU Registrar's Office: Received Date: _____ Processed Date: _____

Processing Employee (Print & Signature): _____