

Saginaw Valley State University
Credit Application, Recommendation, and Approval Form
For Career and Technical Education Center/High School
Articulation Credit
CS/CIS Partnerships

FERPA guidelines will be followed: (<http://www.ed.gov/policy/gen/guid/fpco/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 candidate's high school graduation. Additionally, the student's University application and admission are prerequisite to submission of this request form for articulated credit. Further, the candidate must apply for the CS/CIS articulation credit a month or more prior to beginning coursework at SVSU.

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 throughout the corresponding articulation. Refer to the articulation document for full details.)

Full Name of Recommending Institution: _____

Student's CTE Program: _____ CIP Code: _____

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

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

I, the recommending CTE program instructor, attest that the student identified in Section I above **(Check all statements that apply)**:

- has completed only Year 1 in the CIP code program track noted above.
- has completed Year 1 and 2 in the CIP code program track noted above.
- has earned a final CTE program grade of "B" or higher (3.0 or greater on a 4.0 scale).
- has met any other stipulated requirements per the current articulation.

I further attest that the following high school/CTE documents are attached/enclosed:

- high school transcript (including posted Graduation Date) authenticated by CTE administration.
- CTE program certificate of completion (including CTE credits and grades).

Instructor Comments: _____

●Printed Name of Recommending Instructor: _____

Signature: _____ Date: _____

●Printed Name of Approving Principal: _____

Signature: _____ Date: _____

Sender Mailed Emailed form/documents on (mm/dd/yyyy): _____

Recommending School Sends Completed Form and Supporting Documents:
 Saginaw Valley State University
 ATTN: College of SET Dean's Office
 Pioneer Hall, Rm. P236
 7400 Bay Road, University Center, MI 48710-0001 U.S.A.
 Phone: 989.964.4144 Email: setdean@svsu.edu

Section III: Saginaw Valley State University College of SET Determination

SVSU Program: **College of Science, Engineering & Technology CS or CIS Major or Minor** _____

SVSU Equivalent Class(es) for which articulation credit is being considered [SVSU CS/CIS faculty will mark all that apply as per the individual student's particular CTE program]:

CS 105; **CS 116;** **CS 146;** **CS 232;** **CS 345;** **CIS 255.**

Having reviewed the current, corresponding articulation/transfer agreement and Sections I & II of this form, SET attests that the student has met all stipulated requirements, including but not limited to supplying SVSU's SET with the necessary transcript, CTE certificate, and any other required eligibility documentation.

Approved Denied SVSU CS/CIS Department Chair (Print): _____

Signature: _____ Date: _____

Approved Denied SVSU Dean/College (Print): _____

Signature: _____ Date: _____

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

Processing Employee (Print & Signature): _____