

**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](http://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](mailto: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): \_\_\_\_\_