

**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/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 five (5) years of the eligible student's high school graduation. Additionally, the student's University application and admission within three (3) years of high school graduation 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](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 in Parts A-E of the corresponding articulation. Refer to the articulation 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.)

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 and CTE credits and grades are 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 grades, 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): \_\_\_\_\_