

Rancho Santiago Community College District

High School/ROP Completion of Articulation Course

Student's Name: _____ DOB: _____
Male: _____ Female: _____ Social Security Number: _____
Phone Number: () _____ - _____ Major: _____
Address: _____ Apt # _____
Street
City State Zip Code
E-mail Address: _____

The above student has completed the following articulated course(s):

at _____
High School or ROP

which articulates with _____
RSCCD Course Name and Number

_____ Fall _____ Spring _____ Full _____
High School/ROP Instructor Date Semester

Instructions for the Student: To receive credit or advanced placement, present your copy of this form and your high school/ROP transcripts to the SCC/SAC Admissions Office who will direct you to the High School/ROP Articulation Office.

To be completed by a RSCCD Instructor/Counselor:
Action: _____ Advanced Placement
_____ Credit by Examination (attach form)
RSCCD Instructor/Counselor Signature: _____ Date: _____

- Distribution: *RSCCD High School/ROP Articulation Office
*High School/ROP Instructor
*Student