



GROSSMONT-CUYAMACA
COMMUNITY COLLEGE DISTRICT

CTE Transitions Program

REQUEST FOR CREDIT-BY-EXAM ARTICULATION WITH THE GROSSMONT CUYAMACA COMMUNITY COLLEGE DISTRICT

Date Submitted: _____, 20 ____ Campus: Grossmont ____ Cuyamaca ____ (Check all that apply)

School District: _____

School Site(s): _____

School Course: _____

Contact Person/Instructor: _____

Phone: _____ Email Address: _____

Education/Experience _____ Availability: _____

College Course Number and Title to be considered for articulation:

College Course: _____

College Course: _____

College Course: _____

Materials from School District attached: _____ Course Outline(s)
_____ List of Competencies/Objectives

Information:

Hours of Instruction: _____

Name of Textbook(s): _____

Equipment used:

Additional instructor(s) that teach the course:

| <u>Name</u> | <u>Telephone No.</u> | <u>Availability</u> | <u>E-mail</u> |
|-------------|----------------------|---------------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(For CTE Transitions office use only)

College courses(s) to be considered:

Course No(s). _____ Course Name(s) _____

College Contact Person: _____ Phone: _____

Best days/time to attend articulation meeting: _____