

**College and Career Links**  
**Arkansas State University-Beebe**  
**APPLICATION FOR ARTICULATED CREDIT**

Date: \_\_\_\_\_

From:

\_\_\_\_\_  
*PRINT Student Name*

\_\_\_\_\_  
*Address (Street, City, State, Zip)*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Career Focus Area/Program of Study*

\_\_\_\_\_  
*Date of High School Graduation*

**I hereby apply for articulated college credit based on the completion of the following high school courses at \_\_\_\_\_.**  
*High School*

**HIGH SCHOOL USE ONLY—Teacher: Circle APPROVED/NOT APPROVED, initial, date.**

HIGH SCHOOL COURSE	TEACHER	TEACHER APPROVAL
_____	_____	APPROVED NOT APPROVED
_____	_____	APPROVED NOT APPROVED
_____	_____	APPROVED NOT APPROVED
_____	_____	APPROVED NOT APPROVED

**To: High School Counselor/Faculty Member**  
 Please send a copy of this application with a transcript to: **Manager, College and Career Links, Arkansas State University-Beebe, P.O. Box 1000, Beebe, AR 72012 or fax to (501) 882-4412.**