



Customized Program Articulation — CPA Application for Credit by Articulation/Counselor Recommendation

This application must be attached to the official school transcript

RCGC ID #: _____

Applicant's Name: _____ Date of Birth: _____ / _____ / _____

Address: _____ City: _____

State: _____ ZIP: _____ Phone: _____

I request credit by articulation for the approved course(s) listed below. I understand that to receive credit by articulation, I must first be admitted to Rowan College at Gloucester County within two years of high school graduation and complete 12 credits.

Applicant Signature

Date

This section to be completed by high school: _____
Name of High School

High School Program	Course Taken	Grade Received	Instructor Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I affirm that _____ has successfully completed the CPA courses listed above and earned a grade of "B" or better. See the attached High School transcript for verification of courses/grades.

Course Instructor/Guidance Counselor Signature

Date

RCGC copy – white

Student copy – pink

HS copy – gold