



OFFICE USE ONLY

SEM \_\_\_\_\_

YEAR \_\_\_\_\_

Please see attachment

CTE TRANSITIONS / 2 + 2 CERTIFICATE  
TO BE COMPLETED BY THE INSTRUCTOR

Please type or print:

NAME OF STUDENT \_\_\_\_\_

(Student to complete reverse side)

STUDENT INSTRUCTIONS: Student must have a current term SWC ID number when the request is submitted. Credit may be awarded if the course was completed and this application was submitted within two years of course completion date. Complete and sign lower portion, submit to CTE TRANSITIONS / 2 + 2 CERTIFICATE office - Room 200A. For more information about the CTE Transitions program go to: www.swccd.edu/ctetransitions

Attended \_\_\_\_\_ PLEASE CIRCLE ONE: High School / Adult School / Jobs Corps / ROP  
SITE WHERE COURSE TAKEN  
Other \_\_\_\_\_

\_\_\_\_\_ articulates \_\_\_\_\_  
COURSE TITLE Southwestern College COURSE TITLE  
\_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
COURSE # COURSE GRADE SWC COURSE # UNITS AWARDED

I certify that the above student has successfully completed the articulated course listed above with a grade of "C" or better and recommend that Southwestern College credit be awarded.

INSTRUCTOR'S PRINTED NAME COURSE COMPLETION DATE INSTRUCTOR'S SIGNATURE  
DATE  
INSTRUCTOR'S PHONE NUMBER INSTRUCTOR'S E-MAIL ADDRESS

FOR SWC CTE TRANSITIONS / 2 + 2 ARTICULATION OFFICE USE ONLY

Part A

- DATE CERTIFICATE RECEIVED \_\_\_\_\_ STUDENT SWC ID # \_\_\_\_\_
- DATE CERTIFICATE RECEIVED IS NO MORE THAN TWO YEARS AFTER 2+2 COURSE COMPLETION DATE.
- DENIED-REASON \_\_\_\_\_
- REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_
- STUDENT NOTIFIED OR REASON FOR DISAPPROVAL.
- APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
Tech Prep Office Use
- SCANNED ON \_\_\_\_\_ AND FORWARDED TO ADMISSIONS ON \_\_\_\_\_  
DATE DATE

ADMISSIONS / RECORDS USE ONLY

TP Credit for Term \_\_\_\_\_ / 20 \_\_\_\_ . Verified by \_\_\_\_\_ Date \_\_\_\_\_



**CTE TRANSITIONS / 2 + 2 APPLICATION for COLLEGE CREDIT  
TO BE COMPLETED BY THE STUDENT**

**SWC Student ID No.**

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

**Social Security Number**

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |   |   |   |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

**Current Course YEAR and TERM**

- 2013
- 2014
- 2015
- 2016
- 2017
- Spring
- Summer
- Fall

**SWC Course Subject (fill in only one bubble)**

- Accounting (ACCT)
- Assoc Deg Nursing (ADN)
- Administration of Justice (AJ)
- Architecture (ARCH)
- Art (ART)
- Automotive (AT)
- Biotechnology (BIOL)
- Business Admin/Mgmt (BUS)
- Cert Nursing Asst (CNA)
- Pharmaceutical & Lab. Science (CHEM)
- Child Development (CD)
- Commercial Music (MUS)
- Computer Drafting/Design (CAD)
- Computer Info Sys (CIS)
- Computer Literacy (CL)
- Construction Inspection (CI)
- Culinary Arts (CA)
- Dental Hygiene (DH)
- Electronics (ELEC)
- Emergency Med Tech (EMT)
- Emergency Medical Tech/Para (EMPT)
- Engineering (ENGR)
- EnvirHazMat (EHMT)
- Exercise Science (ES/A)
- Fire Science (FS)
- Fitness Specialist (ES/T)
- Landscape Architecture (LA)
- Landscape and Nursery Occupations (LNT)
- Legal (LEGL)
- Medical Office Professional (MEDOP)
- Office Info Systems (OIS)
- Operating Room Nurse (ORN)
- Real Estate (RE)
- Surgical Technology (ST)
- Telemedia (TELE)
- Travel & Tourism (T&T)
- Hospitality (HTM)
- Medical Laboratory Technician (MLT)
- \_\_\_\_\_

**SWC Course Number**

|   |   |   |   |
|---|---|---|---|
| 0 | 0 | 0 | A |
| 1 | 1 | 1 | B |
| 2 | 2 | 2 | C |
| 3 | 3 | 3 | D |
| 4 | 4 | 4 | E |
| 5 | 5 | 5 | F |
| 6 | 6 | 6 | G |
| 7 | 7 | 7 | H |
| 8 | 8 | 8 | I |
| 9 | 9 | 9 | J |
|   |   |   | K |
|   |   |   | L |
|   |   |   | M |
|   |   |   | N |
|   |   |   | O |
|   |   |   | P |
|   |   |   | Q |
|   |   |   | R |
|   |   |   | S |
|   |   |   | T |
|   |   |   | U |
|   |   |   | V |
|   |   |   | W |
|   |   |   | X |
|   |   |   | Y |
|   |   |   | Z |

I DECLARE THAT THE INFORMATION SUBMITTED ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT THE INFORMATION PROVIDED WILL ONLY BE USED FOR THE INTENDED PURPOSE OF AWARDING CREDIT.

\_\_\_\_\_  
Student's E-mail Address

( ) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (required if student is under 18 years of age)

\_\_\_\_\_  
Date