

**TECH PREP**  
**ARTICULATED CREDIT RECOMMENDATION**

*Complete at the high school and submit to the JSCC Tech Prep Coordinator*  
Forms will be filed with each Program Coordinator at the College

Student Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

High School: \_\_\_\_\_ Counselor: \_\_\_\_\_

This student plans to enter \_\_\_\_\_ (program of study)  
in the \_\_\_\_\_ Semester \_\_\_\_\_ Year

**CAREER/TECHNICAL courses for which articulated credit is requested:**

High School Program _____	Graduation Date _____
Course _____	Course grade _____
Course _____	Course grade _____
Course _____	Course grade _____

Teacher Signature \_\_\_\_\_

Signature of High School Counselor \_\_\_\_\_ Date \_\_\_\_\_

Submit to: Billie Sue Hulsey, Jefferson State Community College, 2601 Carson Rd. B'ham 35215  
Phone 853-1200 ext 6234, FAX 856-6033

\_\_\_\_\_  
*For Jefferson State Use Only*

## **Jefferson State Community College**

Course for which credit is to be awarded: \_\_\_\_\_

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

Signature of the Program Coordinator: \_\_\_\_\_

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

Signature of Registrar or Designee \_\_\_\_\_