THIS PAGE TO BE COMPLETED BY STUDENT

IDAHO STATE UNIVERSITY
Tech Prep Application for Articulated Credit
(Earn College of Technology Credit While Still in High School)

Start Date: _____ Fall, Year _____
_____ Spring, Year _____

Name: _____ Telephone: _____
Last First Middle

Current Mailing Address: _____
Number & Street/PO box City State Zip

Social Security Number: _____ - _____ - _____ Date of Birth (mo/day/year): ____/____/____ Gender: ☐ male ☐ female

Ethnicity: (Optional) _____ Am. Indian/Alaska Native _____ Asian American _____ Black/African American _____Caucasian/White
_____ Hispanic/Latino/Latina _____ Native Hawaiian or Pacific Islander _____ Other:_____

Program of Study _____ E-Mail Address: _____

High School: _____ Projected High School Graduation: Date _____/_____
Mo. Yr.

Articulated credit will be awarded to students who have taken Tech Prep approved professional-technical courses in an Idaho high school. Students must meet all grade and course requirements to receive credit. If you have any questions about which classes qualify for articulated credit call the Tech Prep office at (208) 282-4663.

To Apply for Articulated Credit:

1. Complete and return this application and an official copy of your high school transcript listing the course(s) you wish to articulate to:

   Region V Tech Prep
   Idaho State University
   Campus Box 8380
   Pocatello, ID 83209

2. A grade of "B" or above is required in order to receive ISU credit for a high school Tech Prep class.

3. You will be billed $15 per ISU credit.

4. When this process is complete an official copy of your transcript will be mailed to you.

_____ _____
Student Signature Date

THIS PAGE TO BE COMPLETED BY THE TECH PREP OFFICE

Name: _____ Telephone: _____
Last First Middle

Current Mailing Address: _____
Number & Street/PO box City State Zip

Social Security Number: _____ - _____ - _____ Date of Birth (mo/day/year): ____/____/____ Gender: ☐ male ☐ female

This certifies that the above-named student has successfully passed the competencies to receive TECH-PREP articulated credit, as follows:

High School Course #	Course Length	High School State Approved Course Title	High School Grade	Completion Date

ISU Course Number	Postsecondary Articulated Course Title	Credits Awarded

_____ _____
Transcript Evaluator's Signature Date

_____ _____
Program Coordinator's Signature Date

Fee Payment

Total Due $_____

Total Received $_____

This document must be routed by the following people:

_____ Debbie Ronneburg _____ Carla Martin _____Beverly Hayward