



# ARTICULATED CREDIT REQUEST FORM

## REGISTRAR'S OFFICE

1537 University Blvd.  
Morrilton, AR 72110

(501) 977-2052  
1-800-264-1094  
Fax: (501) 354-7566

registrar@uaccm.edu

The following conditions must be met in order to receive articulated credit(s):

- Complete articulated course(s) with a "B" or higher.
- Apply for admission and enroll at UACCM within 15 months after high school graduation.
- Fill out this form before or during your first advising appointment.

**Student Name:** \_\_\_\_\_  
(Last Name) (First Name)

**Graduation Year:** \_\_\_\_\_ **UACCM Student ID No.:** \_\_\_\_\_

**High School Attended:** \_\_\_\_\_ **College Major:** \_\_\_\_\_

Please award the following credit(s) during my first semester at UACCM.

Course from High School/Career or Technical Center	Grade	Articulated College Course

Articulated Credit(s) are not transferable to any four-year colleges. By signing, you are acknowledging that you understand.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Student)

**Signature or Initial:** \_\_\_\_\_  
(Advisor)

### OFFICIAL USE ONLY

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Reason if Denied: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(UACCM)