

**HILLSBOROUGH COMMUNITY COLLEGE
REQUEST FOR ARTICULATED CREDIT**

TO BE COMPLETED BY STUDENT:

Name: _____ Date: _____

Student ID: _____

Institution/Company where credit was earned:

Program Name: _____

Date of Attendance: _____

TO BE COMPLETED BY COUNSELOR OR ACADEMIC ADVISOR:

* A copy of the agreement must be attached. Agreements are posted on HCC website at <https://www.hccfl.edu/academics/articulation-agreements>

HCC Program Code/Major: _____

Name of Articulation Agreement: _____

Requirements fulfilled: _____ yes _____ no

Agreement attached: _____ yes

ARTICULATED CREDIT TO BE AWARDED:

TOTAL HOURS: _____

Counselor/Advisor Signature

Date

Director, Associate in Science Programs

Date