



# University of Arkansas Community College at Morrilton

## Articulated Credit

Student Name (Please Print):

UACCM Student ID:

High school:

College Major:

Student 's Signature:

Date:

\*\*\*\*\* Articulated Credit does not transfer to any four-year colleges. By signing, you are acknowledging that you understand this. \*\*\*\*\*

**Please award the following credit during my first semester at UACCM.**

High School/Career or Technical Center Course	Grade	College Course

*Division of Professional Services Signature* \_\_\_\_\_

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



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