



**TO BE COMPLETED BY STUDENT**

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

Address: \_\_\_\_\_  
Street City State Zip

ID#: \_\_\_\_\_ Phone: \_\_\_\_\_

I agree to permit my High School/Career Technical Center instructor(s)/Records Office to provide Southern State with the information needed on this form.

\_\_\_\_\_  
Date of High School Graduation and/or CTC program completion Student's signature Date

**TO BE COMPLETED BY THE HIGH SCHOOL/CAREER AND TECHNICAL CENTER INSTRUCTOR/OFFICE**

Name (s): \_\_\_\_\_

School/Center Name: \_\_\_\_\_

School/Center Address: \_\_\_\_\_  
Street City State Zip

My signature indicates that my former student has achieved a minimum G.P.A. of 2.5 in their program of study \_\_\_\_\_ and should receive \_\_\_\_\_ advanced standing credit(s) for the Southern State course(s) set forth in the **attached** copy of the appropriate CTE 26 POS.

Instructor Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Counselor/Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SOUTHERN STATE COMMUNITY COLLEGE APPROVAL**

I approve the granting of advanced standing credit as indicated on this form. Credits will be granted upon completion of \_\_\_ credits at Southern State Community College as specified in the agreement.

\_\_\_\_\_  
Dean of Articulation and Transfer Date

\_\_\_\_\_  
Vice President of Academic Affairs Date

Record's Office Date Received \_\_\_\_\_  
Date SSCC credit completed \_\_\_\_\_  
Date Credit posted \_\_\_\_\_  
Copy to student \_\_\_\_\_