

**Customized Program Articulation - CPA
Application for Credit by Articulation/Counselor Recommendation**

This application must be attached to the official school transcript

Student ID

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Student's Full Name _____
Last
First
Middle Initial

Date of Birth: ____ / ____ / ____
Month
Day
Year

Address _____
Street
City
State
Zip

I request credit by articulation for the approved course(s) listed below. I understand that to receive credit by articulation, I must first be admitted to Rowan College of South Jersey within two years of high school graduation and complete 12 credits.

Applicant Signature

Date

This section to be completed by high school: _____
Name of High School

High School Program	Course Taken	Grade Received	Instructor Signature

I affirm that _____ has successfully completed the CPA courses listed above and earned a grade of "B" or better. See the attached High School transcript for verification of courses/grades.

Course Instructor/Guidance Counselor Signature

Date