

GCCCD ID# _____

STUDENT PETITION FOR CREDIT BY EXAMINATION
GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICTCTE Support: (619) 660-4574 or (619) 644-7898
ctecollegcredit@gcccd.edu

College Choice

(Circle One)

Cuyamaca Grossmont

(High School District)Student Name: _____ / ____ / ____
(Please Print Legibly) Last First Middle Birthdate (mm/dd/yy)

Personal Email (not assigned by high school): _____ High School ID _____

Mailing Address: _____ City: _____ Zip: _____

Based upon the Credit by Examination Agreement between the above designated high school district and the Grossmont-Cuyamaca Community College District, the following information is provided to certify that the above named student has met the following criteria defined within the Credit By Examination agreement:

- (1) Student has completed the articulated course with an **"A" or "B"** grade in an approved Credit by Exam course **AND** has received an **"A" or "B"** on the final exam and/or final class project(s) -- as stipulated in the agreement.
- (2) High School instructor has verified competencies/grade below.
- (3) Student has NOT completed the same course or an advanced course in the articulated subject area.
 - **The articulated course cannot be repeated or removed from college transcript.**
 - College units and grade earned will be posted to the student's **PERMANENT** college academic transcript.
- (4) Student has a college ID # and a current application to GCCCD on file.
- (5) Student has submitted petition **within twelve (12) months** of course completion and has completed all additional requirement(s) specified by the individual program area as outlined in the agreement.
- (6) Student has not exceeded the maximum **twelve (12) units** of credit by examination.

Name of High School Course	High School Name	Date Completed (month/year)	College Course #	Name of College Course	Unit Value

Student:

*I understand that the college units and grade earned will be posted to my **PERMANENT** college academic transcript and will be calculated in my college grade point average and cumulative units. I understand that the articulated course cannot be repeated or removed from college transcript.*

Student Signature _____ Date _____

Parent/Guardian (If student is under 18 years of age):

*I grant permission for my son/daughter to receive college credit from the Grossmont-Cuyamaca Community College District (GCCCD). I understand that the college units and grade earned will be posted to his/her **PERMANENT** college academic transcript. I understand that the articulated course cannot be repeated or removed from college transcript.*

Parent/Guardian Signature _____ Date _____

Name of Instructor	Date	Final Course Grade (Circle)
		A B

Name of SST/ Registrar / CTE Authorized Agent	Signature	Date

CTE College Rep Initials _____ Articulated Credit added to student's record on _____ by _____

This form must be submitted directly by an official high school representative to ctecollegcredit@gcccd.edu.