



BAKER COLLEGE APPLICATION FOR ARTICULATION

High School/Technical Center where CTE course was taken: _____

Student's Name (First, Middle and Last): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Telephone: _____ EMC Student: Yes _____ No _____

High School: _____ HS Graduation Year: _____

Intended Program at Baker College: _____ Baker UIN: _____

Circle the course(s) on the HS transcript and add any below completed with a B- (80%) or better.

Baker Course Title	Baker Course #	Credits	High School/Tech Center Name/Number	HS Program CIP Code	Grade or Percent

I have successfully completed the designated segments listed in the articulation agreement, received a B- (80%) grade or better in the course and am eligible to articulate the credits listed above.

Signature: _____
Student's Signature _____ Date _____

Students*	Baker College Use Only
<ol style="list-style-type: none"> Must have applied to Baker and paid the application fee prior to submitting the application for articulation. Include a copy of the high school transcript. Clearly identify (circle) the high school/tech center program with a grade of B- (80%) or better for each course you are requesting articulated credit. Return forms to: runningstart@baker.edu <p>*Baker EMC students should contact their high school and Baker EMC representative to assist with completion of the application.</p>	<p>Student UIN _____</p> <p>Baker Representative / EMC Liaison Verify course(s) are clearly marked on the transcript. Review application for accuracy and completeness.</p> <p>_____ <i>Signature</i> _____ <i>Date</i> _____</p> <p>Submit to runningstart@baker.edu</p> <p>_____ <i>Signature</i> _____ <i>Date</i> _____</p> <p>Final Approval</p> <p>_____ <i>Signature</i> _____ <i>Date</i> _____</p> <p>Submit to Central Registrar's Office (CRO) for processing.</p>