



Articulation Application

First Name: _____

Middle Initial: _____

Last Name: _____

Student Number: _____

Date of Birth: _____

Ethnicity: American Indian Asian/Pacific Black Hispanic White Other

Gender: Male Female

Graduation Year: _____

Program Area Preference: _____

Future Occupation: _____

Email Address: _____

Phone Number: _____

Home Address: _____

City, State & Zip: _____

CTE courses completed with a minimum of C as final trimester/semester grade.
Circle all that apply:

Accounting I

Accounting II

Advanced Manufacturing/CIM

Advanced Photography

Auto Tech I

Auto Tech II

Building Trades I

Building Trades II

Business Tech I

Business Tech II

Careers In Education

Computer Aided Design

Computer Servicing

Cosmetology

Culinary Arts

Graph X

Health Science

Marketing

Video News Production

Visual Imaging Tech

Web Authoring

Welding I

Welding II

Questions?? Please see Mrs. Visel in Room B221.