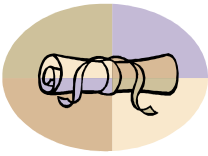




LOS ANGELES MISSION COLLEGE



# TECH PREP

## ARTICULATION CERTIFICATION



\_\_\_\_\_  
Name of Student

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

\_\_\_\_-\_\_\_\_-\_\_\_\_  
Soc. Sec. No.

- Ethnicity:**       Asian                       Black /African American       Latino  
 White                       Native American               Other \_\_\_\_\_
- Gender:**               Female                       Male
- Student Status:**       High School Senior       Other \_\_\_\_\_

In accordance with the signed Articulation Agreement between **Los Angeles Mission College** and High/Adult School, the above named student has successfully met the agreed upon requirements and is hereby recommended for post secondary credits as indicated below.

<i>High/Adult School Course</i>	<i>Final Grade</i>	<i>College</i>	<i>College Course &amp; Number</i>	<i>Units</i>	<i>Date Completed</i>

\_\_\_\_\_  
Instructor Signature                      \_\_\_\_\_  
Print Name                      (\_\_\_\_) \_\_\_\_\_  
Phone No.                      \_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

<b>High/Adult School Principal</b>	<b>LAMC Articulation Officer</b>	<b>LAMC Admission Services</b>
_____ Signature	_____ Signature	Comments
_____ Print Name                      _____ Date	_____ Print Name                      _____ Date	_____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date Received
		____/____/____