

High School Articulation Grade Roster

Gavilan College: _____ HS Name: _____

High School Instructor: _____ HS Course: _____

Course Dates: _____ College Course: _____

College Course Number: _____ Unit Value: _____

(Office Use Only) Articulated Course Code: _____

Student ID #	Student Last Name	First Name	DOB	Letter Grade	Parental Consent Rec'd

See next page for additional form fields and signature area

High School Articulation Grade Roster (cont.)

Student ID #	Student Last Name	First Name	DOB	Letter Grade	Parental Consent Rec'd

Instructor Approval: _____
Print Name Title

Signature Date

Gavilan College Approval: _____
Print Name Title

Signature Date