LONE STAR COLLEGE SYSTEM
Application for Prior Learning Assessment by High School Articulation

College of Origination: (please check one)

☐ LSC-Cy-Fair  ☐ LSC-Fairbanks Center  ☐ LSC-Kingwood  ☐ LSC-Montgomery  ☐ LSC-Conroe Center
☐ LSC-North Harris  ☐ LSC-Greenspoint Center  ☐ LSC-Carver Center  ☐ LSC-Tomball  ☐ LSC-Willowchase Center

(Please Print)

(First) (Last Name of Student) (Middle Initial)

Colleague #: Phone:

Street Address City/State ZIP

Student’s Signature E-mail Address Application Date

High School: Year/Month Graduated: School District

Eligibility requirements checklist: All must be checked accordingly.

☐ Student has applied for articulated credit within 15 months of high school graduation
   (36 months if RNSG 1172 articulation, **must be admitted to nursing program**)  
☐ At least one articulating course was taken as a junior or senior
☐ Student attained grade of “80” or better in high school articulated course each semester (validate on official high school transcript)
☐ Requested course is part of student’s certificate or degree plan (may be an elective)
☐ All prerequisites for articulated college courses have been fulfilled
☐ Student is TSI complete. If not met, please explain
☐ Requested articulated courses are listed in online resource for student’s school district
☐ Student completed 6 semester credit hours of non-developmentalcoursework at LSCS within 1 year of application date (10 sch, if RNSG 1172 articulation, **must be admitted to nursing program**)-- If not, please hold application for completion of 6 credit hours

Course Request:

1. High School Course Abbrev ______________________ Title: ______________________ Grades _____ - _____
   Year completed: ________ Articulated College Course: __________________________
   (Course Prefix) (Course Number)

2. High School Course Abbrev ______________________ Title: ______________________ Grades _____ - _____
   Year completed: ________ Articulated College Course: __________________________
   (Course Prefix) (Course Number)

3. High School Course Abbrev ______________________ Title: ______________________ Grades _____ - _____
   Year completed: ________ Articulated College Course: __________________________
   (Course Prefix) (Course Number)

For more than 3 courses, please use additional forms.

Legible Signature Admissions/Advising Staff Email Address Date

Signature of SO Student Information Services Office Title Date