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)

(Last Name of Student) **(First)** **(MI)**

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-developmental coursework 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 7-Digit Phone Extension Date

Signature of SO Student Information Services Office Title Date