

**Barton Community College
Application for Credit by Articulation**

High School

Student's Name: _____

Address: _____

Student's Soc Sec # and Barton ID: _____

High School Graduation Date: _____

Telephone: _____ **Email:** _____

Program of Articulated Course(s): _____

I request credit by articulation for the approved courses listed below.
Applications for articulated credit are only accepted within three years of a student's high school graduation.

Student Signature

Date

High School Courses and College Equivalencies

(To be completed by high school counselor)

High School Course(s)	Year Taken	Grade		Barton Equivalent Course(s)	Credit Hours
<i>Completed by High School Counselor</i>				<i>Completed by Barton's Program Assistant</i>	

High School Counselor

Date

*Coordinator of Workforce
Training Projects/Events*

Date

High School Principal

Date

Return Form To: Barton Community College
 Krystall Barnes – Coordinator of Workforce Training Projects/Events
 245 NE 30 Road
 Great Bend, KS 67530 fax 620-792-3056