



**EARLY COLLEGE EXPERIENCE
APPLICATION FOR FREE ARTICULATED CREDIT**

Student Name _____ **Date** _____

_____ **NWACC ID #** _____
Last First MI

_____ **High School** _____ **Month & Year Graduated**

_____ **Home Phone** _____ **Email** _____ **Social Security #** _____ **Birthdate**

_____ **Current Address**

_____ **City** _____ **State** _____ **Zip Code**

**NWACC OFFICE
USE ONLY**

High School Course	Grade Earned	NWACC Dept.	NWACC Course #	NWACC Course Title	Credit Granted

Total _____

Student's Signature

The student must bring this form along with a high school transcript to NWACC for registration within 12 months of high school graduation in order to receive NWACC credit hours for the course. You must have received an A or B in the course to receive college credit for it.

If you have any questions please contact Leslie Hardaway at 479-725-4680.

NWACC Use Only
Received date: _____
Evaluated by: _____
Credit entered by: _____