

Applying for Articulated Credit-Student Checklist

Students should:

- Review the requirements for articulated credit. These may be obtained from your high school/career center or at www.ferris.edu/statewidearticulation.
- Complete any required assessments or certifications that may be required to earn articulated credit.
- Submit the free online application to attend Ferris after high school (www.ferris.edu/admissions).
- Fill out the "Student Information" section of the Articulated Credit Application and obtain the required signatures from your high school/career center instructor and administrators.
- Ask your high school/career center to submit the Articulated Credit Application to Ferris on your behalf.

For Ferris Use Only

Application received by:

OTSSSP staff: _____

Date: _____

Original scanned in Articulation file

Student Accepted at Ferris as a FTIAC

FSU Student ID #: _____

Student Information

Student Full Legal Name (Ex: Rebecca, not Becky): _____
(First Name, Middle Initial, Last Name)

Date of Birth: _____

Address: _____

City/State/Zip: _____

E-mail: _____

High School Graduation Year: _____

High School Name: _____

Career Center Name: _____

Phone Number: _____

Career Program articulated with Ferris: _____

Ferris program/major you plan to enroll in: _____

Career Pathway in High School:

- Arts & Communication
- Business, Management, Marketing & Technology
- Engineering, Manufacturing & Industrial Technology
- Health Sciences
- Human Services
- Natural Resources & Agriscience

Date of Anticipated Enrollment at Ferris (check one):

- Fall ____ (August)
- Spring ____ (January)
- Summer ____ (May)

Student Signature: _____ Date: _____

Applying for Articulated Credit-High School/Career Center Program Checklist

High school and career center instructors and administrators should:

- Verify the student meets the requirements to earn articulated credit. (Refer to the "Record of Assessments and Scores" section on page 2 for more details.)
- Complete the "Record of Assessments and Scores" section on page 2 of this application.
- Submit the Articulated Credit Application and any required supporting documentation to the Ferris Office of Transfer and Secondary School Partnerships:

Ferris State University
 Office of Transfer and Secondary School Partnerships
 901 South State Street, STR 313
 Big Rapids, MI 49307

SECTION TO BE COMPLETED BY THE HIGH SCHOOL/CAREER CENTER PROGRAM INSTRUCTOR OR ADMINISTRATOR.

Records of Assessments and Scores

Student Requirements to Earn Articulated Credit

Grade point average and certification/assessment requirements to earn articulated credit vary by program. Consult the “General Conditions & Requirements” section on the appropriate articulation agreement for details. Statewide agreements may be found online at www.ferris.edu/statewidearticulation.

Courses, Assessments, Scores

- List each Ferris course(s) for which the student is applying for articulated credit.
- If required, include the assessment/certification that was used (see the articulation agreement for appropriate assessment),
- List the score that the student received on any required assessment(s).

Ferris Course(s) Requested for Credit	Assessment Used	Score

Instructor Signature: _____ **Date:** _____

Counselor Signature: _____ **Date:** _____

Administrator Signature: _____ **Date:** _____

Submit the following with this completed application:

- A copy of the student’s transcript (Student must have a “B” average in the courses/programs that he/she is requesting for articulated credit.
- Score sheet for each assessment completed as well as any certifications that reflect the student’s attainment of the course objectives.

For More Information

Leah Melichar, FerrisNow Outreach Coordinator
 Ferris State University
 Office of Transfer and Secondary School Partnerships
 Phone: 231-591-5980
 Email: leahmelichar@ferris.edu
 Web: www.ferris.edu/articulation



Ferris Faculty/Department Chair Use Only-Articulated Credit Authorization

Course(s) approved for articulated credit:

Course Number	Course Title	Credits

Academic Department Signature: _____ **Date:** _____

FSU Dean’s Office Signature: _____ **Date:** _____

Return the completed form to the Office of Transfer and Secondary School Partnerships, STR 313. Contact Leah Melichar with any questions at leahmelichar@ferris.edu or at 231-591-5980.